**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

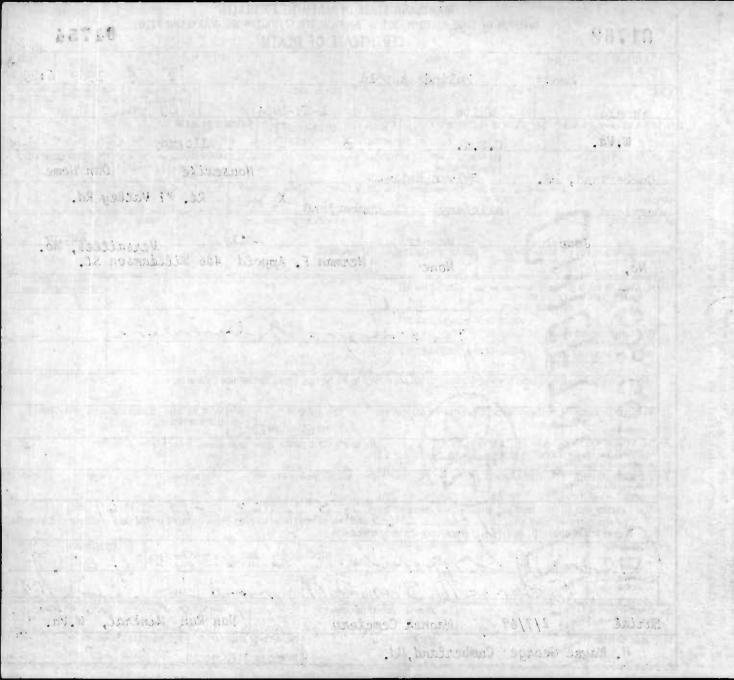
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01754

-					F1111116		PERMIT				
ī		ASED-NAME	First	Middle		Lost		2a. DATE OF		V	2b. HOUR
	(1At	e or print) Me	eady	Melinda A	ppold				Month Bo	1969	6:25 M
3	SEX		4. RACE			S. DATE OF BIR	TH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
1		Female	Whi	te		1-29	-1884		last birthday) 85 YRS.	MUNITS DATS	HOURS MIN.
7	a. Bil	THPLACE (Stote or foreign			8. MARRIED	NEVER MARR		9. COUNTY OF	DEATH		
1	ountr	w.Va.	U.S.	Λ.	WIDOWED			AT	legany		Me
1	D. CIT	Y OR TOWN OF DEATH		ME OF HOSPITAL OR INST		300	120. USUA		(Kind of wark dane	12b. KIND O	F BUSINESS OR
-			give st	reet address)					dife even if retired.)	HOWSTRYH	ome.
1	3a 11	himberland,	deceased lived, if institution	ylvan Ret	reat	TOWN	3d. INSIDE CITY LI		0 -		
a	dmiss	ion) STATE	13b. COUNTY						REET AND NUMBER Val	ley Rd.	
ŧ		THER'S NAME First	Middle	egany		erland MOTHER'S MAI	DEN NAME E	ret.	Middle		Last
ľ	4. FA	ILLEK 2 NAME LILZI	Middle	rasi	13	. MUTHER 3 MAI			Milouid	77	
l,	1 - 4	Jos		Wagner 16b. SOCIAL SECURITY N	0 117 1	NFORMANT		mily	News	ailles.	rns Mo.
ľ	Yes	VAS DECEASED EVER IN U.S., ng, or unknawn)	s give wor or dates of service)	None None	He	erman F	. Appo	ld 406	6 Williams	on St.	
F	-						- //				KIMATE INTERVAL
١	1	<ol> <li>CAUSE OF DEATH (En PART 1. DEATH WAS</li> </ol>	ter anly ane cause per line	e far (a), (b), and (c).)	1						ONSET AND DEATH
1			IMEDIATE CAUSE (a)	CV	1-1						
Н		4369	DUE TO, OR AS	A CONSEQUENCE OF	1	1	1	7.			
Ł		onditions, if ony, which		Jens !	ale	red	ON	M	vecler		
		ise ta immediate cause tating the underlying c		CONSEQUENCE OF							
I		ost.			/						
ı		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	NG TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE ORC	ONDITION GIVE	N IN PART 1(a)		
Ŀ	2										
П	CERTIFICATION	9a. DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PER	FORMED	20o. AUTOP	SY?		YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
	Ĕ.					YES 🔲	NO 🗀	CAUSES	S OF DEATH?		
-		la. ACCIDENT WAS UND			21c. H	OW INJURY OCCU	JRRED (Enter	noture of inju	ry in Port 1 or Part 2,	Item 18.)	
1		OR CONTRIBUTING CAUSE		Month Day Year							
1	- 1	21d. INJURY OCCURRED	21e. PLACE OF INJURY		ORY,) 21f. LC	CATION Street	or R.F.D. No.	City	or Town	County	State
1		While Not while at work		OFFICE BUILDING, ETC.							
ı	7	22a. I certify that (	(this hospital) atte	nded the decease	d from	11.5	196	U, to	2/5 19	2.69, tha	t (I) (we) las
1		saw the deceas	) (this hospitol) atte	41	96 9, an	dahat in (my	(aur) api	nian death	occurred an the d	ote and hour	ond from th
Т		causes stated a	bove, (I) (we) (did)/	did hot) view the b	ody after	deoth.	7.5				
1	1	2b. SIGNATURE	W/ /		/	ATTENDING	G $\square$ M	ED.	STAFF 22c	DATE SIGNED	10
1	L	1 2m	2/1/1	Mor	OEGR	REE PHYS.	_ LJ D	RECTOR L	PHYS.	161	17
1	1	2d PHYSICIAN'S NAME (Type)	h	m 8	*	22e. ADDR	RESS	1	11. 0	1	1 she
L		MAME (14be)	0 40189	e///	1001	09//	70	ma	Hash.	Cim	1.118
1	30.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF C					ON (City or Town)	(County)	(Stote)
	B	PENOTAL (Specify)	2/7/69	Wagner	Cemet			Dan 1			.Va.
1	24. FI	JNERAL DIRECTOR	0	ADDRESS		2-1-1	2Sa. REC'D B	Y REGISTRAR	2Sb. REGISTRAR	-	100
		H. Waune	George Cw	noerland.M	d.		DATAMEN	1 0 10	00 000/10	refor Car	RAP

DATEER 1 0 1000



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01755 CERTIFICATE OF DEATH by the funeral Poges 1 and 2 nours after death. 1. DECEASED-NAME 2b. HOUP First Middle Lost 20. DATE OF DEATH executed within 24 hours after death (Type or print) FEBRUARY 69 PEARL BARTLETT hours after 3. 5FX 4. RACE 5. DATE OF BIRTH 6. AGE (In years Gory birthdoy) WHITE 7-13-1901 FEMALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED illed in COUNTY AR YLAND U. S. A. WIDOWED DIVORCED [ ALLEGANY within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during HOU SEW) IF, Even if retired.) 12b, KIND OF BUSINESS OR OWH HOME CUMBERLAND MEMOR4:AL HOSPITAL event, 13a. USUAL RESIDENCE (Where deceosed lived if institution: Residence before 13c. CITY OR TOWN Odmission) STAW VA 13b. COUNMINERAL RIDGELEY YES NO 13e STREET AND NUMBER odmission) STATE VA Short Gap, W. Va. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost BLANK PHILIP ficate be DICKEL and physician 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, na, or unknown) remaya! MEMORIAL HOSPITAL, CUMBERLAND, MD. OR ATTENDING PHYSICIAN: The law requires that the death cert 18. CAUSE OF DEATH (Enter only one coose per line for (p); (b);
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH 0 crematian, DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health p YES 🗌 this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year of (If either, notify medical examiner) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY. ) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED State While Not while of work TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the beceased from saw the deceased alive on\_ and that in (my) (bur) opinian death occurred on the date and have and from the director, page 3 shauld shauld be filed with the causes stared above. (1) (we) (old) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d PHYSICIAN'S 22e. AD CUMBERLAND, NAME (Type) DR. R.J.WMS. MD. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BUT (Specify) Feb.10,1969 Springfield Cemetery Ohio Springfield, 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGIETRAR'S SUNATURE VR A15 (4) James F. Scarpelli, Cumberland, Md.

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The part of	self evidents			27/2/50/3	
		No. In These			

VR A15ME (5)

NAME (Type)

23a. BURIAL CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)
BURLAL

JOSEPH R. DURST, FROSTBURG, MD. 21532

BENEDICT SKITARELIC. M.D.

23c. NAME OF CEMETERY OR CREMATORY

FBG. MEMORIAL PARK

**ADDRESS** 

FROSTBURG. MD. REC'D BY REGISTRAR 1969Sh. REGISTRAR'S SIGNATURE DATE

23d. LOCATION (City or Town)

ADDRESS(Street, city, town, or cound UMBERLAND . MARYLAND

01758

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

9 days

Sudden

20. AUTOPSY?

YES TX

ond in my opinion

(County)

NO T

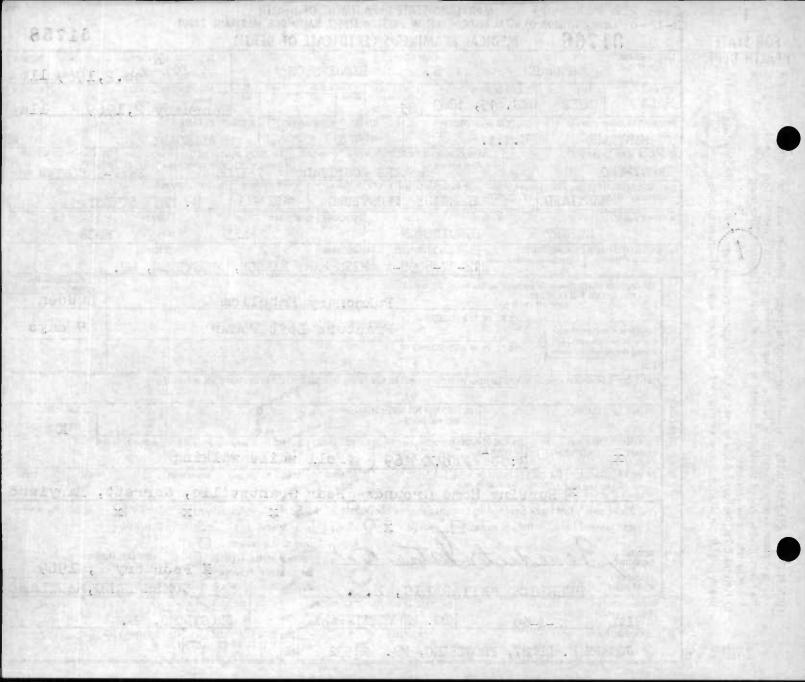
Stote

2b. HOUR

11a M

2d. HOUR

71a M



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01759

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	7	6	3	CERTIFICATE OF	
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	7.4. 4 ()	9			EKIIFICA	AIE UF	DEALL						
1. DECEAS		First		Middle		Last		2a. DA	TE OF DEATH	ML I	19 50		2b. HOUR
(Түре с	ar print)	WALTER	3	FRANKLIN		BLANK		FE	B. Month	9 Day	1969 <sup>Year</sup>		N
3. SEX	MALE		4. RACE	WHITE		S. DATE OF BI	RTH 22,	1888	6. AGE (In last birth	years day) YRS.	MONTHS DA		UNDER 24 HRS. DURS MIN
7o. BIRTH country)	PLACE (Stote	or foreign		OF WHAT COUNTRY? U.S.A.	8. MARRIED X		RIED		Y OF DEATH LLEGANY				Mo
CUME	DR TOWN OF	ID .		31. NAME OF HOSPITAL OR INS	NURSIN				ATION (Kind of w rking life even if WILL		12b. KIND INDUSTRY VING C	OMP	NESS OR ANY
13o. USUA admission		(Where decea	13b. CO	institution: Residence before JNTY ALLEGANY	13c. CITY OR MT . SA		YES N		3e. STREET AND NI				
14. FATHE	R'S NAME	First LEVI	М	ddle Lost BLANK	15.	MOTHER'S MA	FANT			Middle	LHEIM	t	lost
16a. WAS	DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY I	10. 17. IN	FORMANT	2 4011	14.7		Address	THE THIS TOTAL		and i
103, 1	10	.,		214-01-016	8 MR	S. ROS	E TUT	PLE,	MT. STOR	M. W.	YA.	ROXIMATE I	
Cone	PART I. DE.	ATH WAS CAUSE	D BY: ATE CAUSE (c DUE TO DUE TO	p per line far (a), (b), and (c).  O, OR AS A CONSEQUENCE OF  O, OR AS A CONSEQUENCE OF  (c)	1 14	i lu	mg				Z,	y Ca.	AND DEATH
	RT 2. OTHER	SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE OR	CONDITION	GIVEN IN PART 1	(a)	1		K X
CERTIFICATION 510°	DATE OF OPE	RATION 19b.	CONDITION	OR WHICH OPERATION WAS PE	RFORMED	20o. AUTO		(	Ob. IF YES, WERE AUSES OF DEATH?	FINDINGS CO	ONSIDERED IN	N CERTIF	YING
3 00	R CONTRIBUTIN	WAS UNDERLYII G CAUSE OF OEA medical exami	HOUI	TIME OF INJURY R.A.M. Manth Doy Yeor P.M. 19					f injury in Part 1	ar Part 2, I	tem 18.)		
Whi at we	I. INJURY OC ile Not v ark of v	ark		JURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					City ar Town		County	5	State
220	saw the	deceased a	live an_	did) (did nat) view the	969, and	that in (m	, 19_ y) (aur) ap	<b>6€</b> , to Dinian de	ath accurred a	, 19 <u>4</u> In the da	te and hai	ur and	(we) las I fram the
	. SIGNATURE	6	18	n'm	DEGRE	11113.		MED. DIRECTOR	STAFF PHYS.		DATE SIGNED		
22d.	PHYSICIAN' NAME (Type	LEWIS	BRIN	GS, M. D.		22e. ADD	FESS 57 C	GREEN	E ST., C	UMBER	LAND,	MD.	
BURI	RIAL, CREMAT IQVAL (Specif	y) FEI	DATE 3. 12,	Electric Control of the Control of t	CEMETERY OR CO			MT	CATION (City or T	, MD.		(S	State)
24. FUNE	RAL DIRECTO		URST,	FROSTBURG, 1	1D.		DATE FE				SIGNATURE	noy	jee.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. SOM REV. 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physicion.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

BLIO	0			CERTIFIC	CATE OF	DEATH			010	00
1. DECEASED-NAME (Type or print)	First JEROM	E	Middle HUBERT		Last BO	CK	2a. DATE OF DEA		Doy 69 Yeor	2b. HOUPM 4:40 <sub>M</sub>
3. SEX MALE		4. RACE	VH I T E		S. DATE OF 1		6. A	GE (In years st birthday)	IF UNDER 1 YEAR MONTHS DAYS	
	YLAND	US OF	A	WIDOWED		RRIED 9	ALLEGA			Md.
10. CITY OR TOWN CUMBER	LAND	give :			not in haspital		OCCUPATION (Kinds) of working life, RET IRED		.) INDUSTRY	OF BUSINESS OR
13o. USUAL RESIDER odmission) STATE	W. VA.	lived, if institut 136. COUNTY	ion: Residence before MINERAL	13c. CITY OF R I DG	ELEY	YES NO	ITS? 13e. STREET	AND NUMBER		
14. FATHER'S NAME	LEONARD	Middle JOSE	EPH BOCK		S. MOTHER'S N	ER) CHA	ARLOTTE	Middle		Last BOCK
Yes no, or unkn	D EVER IN U.S. ARMED own) (If yes give war o		16b. SOCIAL SECURITY N 221-10-03		OSPITA	L RECORI	DS		900 SET	
PART I.  170 / Canditians, if	DEATH WAS CAUSED B IMMEDIATE any, which gave diote cause (a), inderlying cause	Y: CAUSE (a) DUE TO, OR #	ne for (a), (b), and (c).)  S A CONSEQUENCE OF	2 K	f Ly	indu.	If Inny	inl	BETWEEN	) Jun
A. OA			TING TO DEATH BUT NO		O THE TERMINA	AL DISEASE ORCO	NDITION GIVEN IN I	ART 1(a)		
190. DATE OF C		NDITION FOR WH	ICH OPERATION WAS PER		YES T	] NO [	CAUSES OF E	EATH?	S CONSIDERED IN	CERTIFYING
☐ DR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF OEATH ify medical examiner		Manth Day Year		OW INJURY O	CURRED (Enter I	noture af injury in	Part 1 ar Part	2, Item 18.)	
While No	t while		AT HDME, FARM, STREET, FACT DFFICE BUILDING, ETC.		OCATION Stre	et or R.F.D. No.	City or To	wn	County	State
saw t	he deceased alive	e on Isl	anded the decease (did not) view the b	9 6 Gon	d that in (n) deoth.	, 19 ( y) (our) apin	, ta_fa ian death occur	red on the	19 <i>@ G</i> , tha date and havi	t (I) (we) last and fram the
22b. SIGNATUR 22d. PHYSICIA	moles	de		DEGF	11173.	DIR	D. STA	FF [	C. DATE SIGNED	11/9
NAME (T)	/pe) BLANE	M. SCH			22e. ADI		NE ST.,	CUMBER	EAND, ME	).
230. BURIAL, CREMA	cify) 2/13	3/69	23c. NAME OF C				23d. LOCATION (CI		(County)	(State) Md.
24. FUNERAL DIRECT	E FUNERAL	HOME, 2	O2 GREENE	ST., CU	JMB., N	DATE FEB	FEGISTRAR 1969	Sb. REGISTRAI	R'S SIGNATURE	ege-

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifiqate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after the state Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after the state of the s Page 4 may be retained by the haspital ar attending physician.

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en Allenau II.				H. Huma Canno, I

23o. BURIAL, CREMATION,

DURST FUNERAL HOMES, 57 FROST AVE., FROSTBURG DAILED FOR 1250. REC'D BY REGISTRAR DURST FUNERAL HOMES, 57 FROST AVE., FROSTBURG DAILED FOR 1250. 24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

BG. MEMORIAL PARK

23b DATE

FROSTBURG, ALLEGANY.

23d. LOCATION (City or Town)

(County)

401 DECATUR ST., CUMBERLAND, NO. 21502

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ANDREW STASKO, 1.3.

DURST FUNERAL HOLER, 57 FROST AVE., FROSTEURG, ND. 21532

itment

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dept. Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

5 may be retoined far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit

VR A15ME (5)

d

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

DICAL EXAMINER: This certificate should be executed within 24 hours after death

TO DEPUTY

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01763

6.1.	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

1. DECEASED-NAME (Type or Print)	Robe		Middle M •		Cas	Last stle:	man		2a. DATE KNOWN OF ESTI- DEATH MATED			
3. SEX	4. RACE	S. DATE OF BIE	RTH 6.	AGE (In years	IF UNDER	DAYS	IF UNDER	24 HRS.	2c. DATE PRONOUNC	ED DEAD		2d. HOUR
Male	White	Oct.5,	1894 7	lest birthday) YR		DATS	HDUKS	MIN.	FEBRUARY	12	198919	12:20a
70. BIRTHPLACE (Ste	ote ar fareign	7b. CITIZEN OF WH	IAT COUNTRY?	8. M	ARRIED IN	EVER MAR	RIED 🗌	9. COU	NTY OF DEATH			
country) Vir	ginia	USA		WII	DOWED 🗌	DIVOI	CED 🗌	Al	llegany			M
10. CITY OR TOWN	OF DEATH	- II. N	AME OF HOSPITAL OF	INSTITUTIO	N (If nat in	hospital	12a. U	SUAL OC	CUPATION (Kind of	vark dane	12b. KIND OF	
Cumbe	rland	give	EMORIAL H	OSPIT	AL		during	1690	tarking library	it retired.)	INDUSTRai	lroad
13a. USUAL RESIDE	NCE (Where deced	sed lived, if institu	ution: Residence hef	ore 13c. CIT	Y OR TOWN		INSIDE CITY I		13e. STREET AND NU			111111
admission) STA	Md.	13b. COUNTY	Allegany	Cur	nberla	and	YES 😿 N	0 🔲	8 Virgi	nia A	Ave.	
14. FATHER'S NAME	First	Middle			1S. MOTH	ER'S MAID	EN NAME	First	A	Aiddle		Last
	James	H.	Castle	man	137	S	arah		М.			
16a. WAS DECEASED			16b. SOCIAL SECURIT	Y NO.	17. INFORM			862	ADDF			
(Yes, no, or unknown	wn) War	e war or dates of service)			Mrs.	Edi	th Ca	ast]	Leman, Cu	mber]	Land, Mo	.Wife
	F DEATH (Enter o	nly one couse per l	ine far (a), (b), and	(c).)							APPROXII	MATE INTERVAL DISET AND GEATH
	DEATH WAS CAUSE	D BY:		CORON	ARY	OCCL	USICN	I			Minu	
410	9 IMMED	IATE CAUSE (a)	AS A CONSEQUENCE									
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	diate cause (a),	(b)	AS A CONSEQUENCE									
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190. DATE OF			WAS PERFORM	ED?							YES	NOXX
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death	esulted fram:	Natural caus	ses 📆, Accid	ent [,	Suicide	<u></u>	Hamicid	e 🔲,	Undetermined	manner		
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in Item 18. Give Pages 1, 2, and 3 ta S Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Department of death. Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs affer

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death necessary, please execute the certificate, writing the ward "pending" in pencil the funeral director. Page 4 should be farwarded to the Chief Medical Examine TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DEFEASED NAME (Type or Print)  Rodney  Cediric  Clargett  A MACE  Colored  Nov. 3,1968  Substitution  Colored  Nov. 3,1968  Substitution  Colored  Nov. 3,1968  Substitution  Nov. 3,19		6177	S DIAISION		EXAMINER'S				01	764	
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Male Colored Nov. 3,1968   350 MS   100	S. SE	X		5 DATE OF BIRTH						7078	7d HOUR
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Cumberland  Ma MENORIAL HOSPITAL DOA  30. USUAL RESIDENCE (Where deceased lyed, if institution: Residence before ISc. CITY OR TOWN odmission) STAPL STATES AND Fest Middle  Robert William Cleggett  NOW STATES AND Fest Middle  Robert William Cleggett  NOW STATES AND Fest Middle  Robert William Cleggett  NOME CONTRIBUTION (Iso Do Res as CONSEQUENCE OF CONCIENTIAL HEART DISEASE  IS. MOTHER'S MAIDEN NAME First Middle  Lost IS. MOTHER'S MAIDEN NAME First Middle  Lost IS. MOTHER'S MAIDEN NAME First Middle  Robert William Cleggett  NOME CLASSE EVER IN U.S. ARMED FORCES?  (Vest, dos or orthonorm) (Irys gen were deems dancing)  NOME MAY Lee Harvey  To. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Vest, dos orthonorm) (Irys gen were deems dancing)  NOME MAY Lee Harvey  To. WAS DECEASED OF DEATH (Enter only one course per line for (o), (b), and (d.)  PART 1. CHAIR WAS CLASSED BY:  MANUAL ROBERT OF DEATH (Enter only one course per line for (o), (b), and (d.)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)  20. AUTOPSY?  YES XX NO   210. EXTERNAL CAUSE WAS PRIMARY COCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  210. EXTERNAL CAUSE WAS PRIMARY COCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  210. EXTERNAL CAUSE WAS PRIMARY (CRURED)  211. INJURIO COURSED  212. LOCATION Street or R.F.D. No. City or Town  Cause OF DEATH  AT WORK AND	auni	ry)	-3 -3 263								44.1
Cumberland Md 30. USUAL RESIDENCE (Where deceased liped, if institution: Residence before last. CITY OR TOWN admission) STATESTYLAND (If institution: Residence before last. CITY OR TOWN Allegary Cumberland YES NO 928 Glenwood Street.  4. FATHERS NAME First Middle Lost Robert William Cleggett Mary Lee Harvey ADDRESS (Wes. No. or unknown) (1915 are were deters of service). Nome Mr. Robert W. Cleggett Cumberland Md.  8. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c)) PARI I. DEATH WAS CAUSED BY: PARI I. DEATH WAS CAUSE WAS CAUSED BY: PARI I. DEATH WAS CAUSED BY: PARI I.	0 (	TY OF TOWN	DE DEATH						ne 112h Kil	ND OF RUSI	
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4. FATHER'S NAME  ROBERT  WILLIAM  Clegett  Mary Lee Harvey  ADDRESS  (Ves. no. or unknown)  Int. system were defined origing one course per line for (o), (b), and (c).  PART I. DRAIT WAS CAUSE DRY.  Conditions, if only, which goes a common course per line for (o), (b), and (c).  PART I. DRAIT WAS CAUSED BY:  Conditions, if only, which goes a common course per line for (o), (b), and (c).  PART I. DRAIT WAS CAUSED BY:  Conditions, if only, which goes a common course per line for (o), (b), and (c).  PART I. DRAIT WAS CAUSED BY:  Conditions, if only, which goes a consequence of (b)  Conditions, if only, which goes a consequence of (b)  DUE 10, OR AS A CONSEQUENCE OF (b)  Stoting the underlying course (c).  Stoting the underlying course (c).  FART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  191. CAUSE OF DEATH CAUSE WAS  PRIMARY OR CONTRIBUTING HOW A.M.  192. LOCATION Street or R.F.D. No.  CAUSE OF DEATH  210. EXTERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING HOW A.M.  194. AND WAS PERFORMED?  210. EXTERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING HOW A.M.  195. CAUSE OF DEATH  210. EXTERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING HOW A.M.  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING HOW A.M.  197. LOCATION Street or R.F.D. No.  CITY or Town Country Stote  ACTUAL AND WAS A CONTRIBUTING HOW A.M.  ACTUAL AND WAS A CONTRIBUTING HOW A.M.  ACTUAL STORMARY AND WAS A CONTRIBUTING HOW A.M.  ACTUAL STORMARY AND WAS A CONTRIBUTING HOW A.M.  ACTUAL STORMARY AND AND A COUNTRIBUTING HOW A.M.  ACTUAL STORMARY AND A COUNTR	3a.	USUAL RESIDE	NCE (Where deceased	lived, if institution:	Residence befare 13c.	CITY OR TOWN		TOU. STREET PAID HOMBER			
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None   Mr. Robert W. Cleggett Cumberland MG.											U
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).   PART 1. DEATH (Enter only one cause per line for (a), (b), and (c), and (c), and (c), and (c), and an indication of the constitution of the constitution of the cause of the cause of the constitution of the cause of	(7)		(If yes give wa		None	Mr. Robe	rt. W. Cla	eggett Cumberl	and Mo	d.	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF OCNOMINITAL HEART DISEASE DUE TO, OR AS A CONSEQUENCE OF (c) Stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS PARMARY OR CONTRIBUTING CAUSE OF DEATH PHOUR A.M. P.M. 19 21d. INJURY OCCURRED AT WORK AND SIGNATURE SIGNA		18. CAUSE C	F DEATH (Enter only								
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21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK  220. I certify that I taak charge af the remains described abave, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted fram:  Natural signature:  EXAMINER'S NAME (Type)  BENEDICT SKITARELIC M. D.  230. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, REMOVAL (Specify)  BURIAL, CREMATION, REMOVAL (Specify)  231. LOCATION Street or R.F.D. Na.  (ity ar Town  Caunty  Stote  Curper Town  Caunty  Stote  Autopsy X, Inspection X, Inquiry X, and in my opinion  Chief MeDical Examiner  ASSISTANT MEDICAL EXAMINER  22b. DATE SIGNED  DEPUTY MEDICAL EXAMINER  PEDTUARY 11, 1969  ADDRESS(Street, city, town, or caunt CUMBERLAND, MARYLAND)  230. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL CREMATION, REMOVAL (Specify)  213. ADDRESS (Street, city, town, or caunt CUMBERLAND)  Woodlawn Cemetery  Cumberland Allegary  Md	3				19			0.5			
220. I certify that I taak charge af the remains described abave, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted fram: Natural couses XX Accident , Suicide , Homicide , Undetermined manner  ACTUAL SIGNATURE SENECULAR SIGNATURE SIGNA	MED		CCURRED 21e. PL	ACE OF INJURY (At ho		21f. LOCATION Str	et or R.F.D. Na.	City ar Town	Caun	ity	Stote
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EXAMINER'S NAME (Type)  BENEDICT SKITARELIC M.D.  DEPUTY MEDICAL EXAMINER TO FEBRUARY 11, 1969  ADDRESS(Street, city, town, or count GUMBERLAND, MARYLAND)  230. BURIAL, CREMATION, REMOVAL(Sperify)  BURIAL (Stearly OR CREMATORY)  231. DATE  232. NAME OF CEMETERY OR CREMATORY  233. LOCATION (City or Town)  (County)  (State)  Cumberland Allegary Mod			Denea	ictx)k	Marche	M.D.	ASSISTANT MEDICAL E				
230. BURIAL, CREMATION, PRINCE PROVIDED	9	EXAMINER'S		T SKITARE	LIC. M.D.						
Burial 2/13/69 Woodlawn Cemetery Cumberland Allegeny Md	23a.	BURIAL CREM	ATION. 23b. D								
	- 31	REMOVAL (Spe	tith)								,
24. FUNERAL DIRECTOR Laws Stein In ADDRESS 250. REGISTRAR S SIGNATURE	24.	FUNERAL DIREC		1+	ADDRESS	Deme ner A	2Sa. REC'D BY	REGISTRAR 2Sb. REGISTRA	AR'S SIGNATE	ny	Md.

Cumberland Md.

VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY any delay is 1, 2, and 3 ta n PM3. Page the State Department of Allegany MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Lonaconing Lonaconing e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 24 haurs after death. If a in Item 18. Give Pages 1, with form Railroad Street Railroad Street YES NOT 3. NAME OF 4. DATE Year DECEASED OF DEATH CORRIGAN 2/1969 19 (Type or print) ce alang IF UNDER 24 HRS AGE (In years last birthdoy) 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH Months Doys death. White WIDOWED 8/14/1898 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if refired)
Housewife COUNTRY? in any event within 72 haurs after Gilmore, Md.

14. MOTHER'S MAIDEN NAME shauld be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME William Duckworth Beeman Rachael permit. File (Husband) 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service Frank Corrigan, Lonaconing, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit Coronary Occlusion IMMEDIATE CAUSE (o) writing the ward DUE TO Coronary Sclerosis Conditions, if one, which gave rise to immediate couse (o), DUE TO stoting the underlying couse 0 and 3 shauld be used burial, cremation, ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate. NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED (City or town) (Stote) 5 may be retained far yaur fi TO FUNERAL DIRECTOR: Page 3 Health prior to burial, crematin foctory, street, office bldg., etc.) ot work 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X Inquiry X, and in my apinian Natural causes X, Accident , Suicide , Homicide Undetermined manner funeral directar. death resulted from: CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 2/2/1969 DEPUTY MEDICAL EXAMINER BENEDICT SKITARELIC, M.D. Address (Street, city, town, or coun Cumberland, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION 2/4/1969 Laurel Hill Cemetery Moscow. MD. 2Sa. REC'D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 George Eichhorn Lonaconing, Md.

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1. DECEASED-NAME (Type or print)	First Elizabe	th	Middle B.	A In	lost Corstor	phine	20. DATE OF Feb.		Doy196 <b>9</b> eor	2b. HOUR 2:50AM
3. SEX Female		RACE Wh	ite		S. DATE OF B	18TH 30/84		6. AGE (In years lost birthdoy) 84 YF	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State or country) Scotle		U.S.A.	COUNTRY?	8. MARRII WIDOWI	ED NEVER MAI	RRIED RCED	9. COUNTY OF	DEATH Allegany	y	Md.
10. CITY OR TOWN OF DE Cumberland			OF HOSPITAL OR INS t oddress) Syl		If not in hospital Retreat			(Kind of work dor life, even if retired Lerk		BUSINESS OR
		L COUNTY	Residence before  legany		or town aconing	YES NO	MITS? 13e. ST	Park P	Place	
14. FATHER'S NAME	first George	Middle	Lost Corstorp	hine	IS. MOTHER'S M		irst argaret	Middle	Blac	ckburn
16o. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. ARMED F	tes of service)	. SOCIAL SECURITY I 17-03-20		7. INFORMANT Georg	e Gard	dner	Address Lonac	oning.	Md.
Conditions, if ony, rise to immediate stoting the under lost.  PART 2. OTHER SIGNATE OF OPERA  190. DATE OF OPERA  210. ACCIDENT WA  190 CONTRIBUTING [  If either, notify of the control	e couse (o), ( lying couse)  SNIFICANT CONDITION  Country Coun	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  (c)  OUT  OUT  OUT  OUT  OUT  OUT  OUT  OU	CONSEQUENCE OF CONSEQUENCE OF TO DEATH BUT NO DEATH BUT NO DEERATION WAS PER	) 10 RFORMED	20a. AUTO YES [	— S DPSY? ] NO □	20b. IF CAUSES	YES, WERE FINDING OF DEATH?	Mary HE	Timatic ERTIFYING
21o. ACCIDENT WA  OR CONTRIBUTING  (If either, notify m  21d. INJURY OCCUI  While Not whi	CAUSE OF DEATH edicol exominer) RRED 21e. PLAC	P.M.	IURY Nonth Doy Yeor 19 Home, Farm, street, Fac ICE BUILDING, ETC.	9				y in Port 1 or Port or Town	2, Item 18.) County	Stote
22a. I certify to	k 🐸	ospital) ottend on Her (we) (did) (did	ed the decease	bady aft	April ond that in (n er death.  EGREE ATTENDI PHYS.	NG M	nion deoth of IRECTOR D		19 <u>69</u> , thoi dote and hour 2c. DATE SIGNED 2:25-	t (I) (we) last ond from the
230. BURIAL, CREMATION BENOVAL (Specify)		25/69			or crematory Cemete		Lona	N (Gry or Town)	(County)	(Stote) Md
24. FUNERAL DIRECTOR George		in the same	ADDRESS		Md.	250. REC'D B	Y REGISTRAR 2 6 19		AR'S SIGNATURE	des.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the for director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after

VR A15 4 8

George Eichhorn

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Ltemo	FilmG410	3/6/69 kk		CEKHILI	AIE OF DEATH				
1. DECEASED	O-NAME Fire		Middle		Lost	2o. DATE OF			2b. HOUR
(Type or	print) S	AMUEL	WEBSTE	R	CROWE	2	Month 23 Doy		10:20M
3. SEX		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,
	MALE	W	HITE		2-21-99		last birthdoy) 70 YRS.	MONINS DATS	MOURS MIN.
country)	MARYLAND TOWN OF DEATH	7b. CITIZEN OF WI		WIDOWED			DEATH EGANY (Kind of work done	12b. KIND OF	Md.
CI	UMBERLAND	give :	treet oddress) SACF	RED HE	ART HOSP during	ET RED-		RD, CO	1M.
13o. USUAL odmission)	MARYLAN	126 COUNTY	on: Residence before LLEGANY Lost			NO X ROU	te 1, Lone	coning,	Md. Lost
	SARGWART HEN	RY STEWAL	RT CROWE		(DUCKWORTH	) LEVINA	4	C	ROWE
160. WAS [	DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT		Address 9	OO SETO	R DRIVE
Yes, no,		n war or dates of service)	213 18 27	708	HOSPITAL REC	ORD		UMBERLA	ND MD
Condi	AUSE OF DEATH (Enter of	DIATE CAUSE (o)  DUE TO, OR A		)	of Par	core		APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
	4				O THE TERMINAL DISEASE OF		- ATV		
190. D	ATE OF OPERATION 19	b. CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CALISES	F YES, WERE FINDINGS ( S OF DEATH?	CONSIDERED IN C	ERTIFYING
₹ □ OR	ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE OF DITHER CONTRIBUTION CONTRIB	EATH HOUR A.M.	INJURY Month Doy Yeor		OW INJURY OCCURRED (Ent	ter noture of inju	ry in Port 1 or Port 2,	Item 18.)	
While of wor	rk ot work				OCATION Street or R.F.D. N		or Town	County	Stote
22a.	I certify that (1) (saw the deceased causes stated aba	alive an		9, an	, 19_ d that in (my) (aur) a death.	, ta pinian death (	accurred an the do	, that ate and haur	(I) (we) last and fram the
	GIGNATURE	Rych	cul Ga	y DEG	111101	MED. DIRECTOR	CTACE	DATE SIGNED  2-26-	69
	PHYSICIAN'S NAME (Type) MICH	AEL GLICK	M.D.		22e. ADDRESS 912 S	ETON DR	IVE, CUMBE	RLAND,	MD.
Bur	MALIC TO	. DATE /26/1969	23c. NAME OF Trinit ADDRESS	y Meth	odist Cemete	-	ON (City or Town)  Cermany 2Sb. REGISTRAR'S	(County)  Carrett	(Stote)
		VERAL HOME	FR	OSTBUR	G, MD. DATE	B 2 8 19	69 SCLIC	Alan One	100

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. There are remove carban papers. Pages hauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 hours

VR A15 MA 30M REV. 1388

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CUISTRLAND, No.	71/1 60 00 53	2 010		GLICK I	HICHAEL

FROSTIURG, MO.

HIFER'S FUNCARL HOME

31775

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill

Lonaconing,

Cemetery

25a. REC'D BY REGISTRAR
DATE MAR 4

23d. LOCATION (City or Town)

Lonaconing

(County)

Md

VR A15 (4) 30M REV. 1/88 23b. DATE

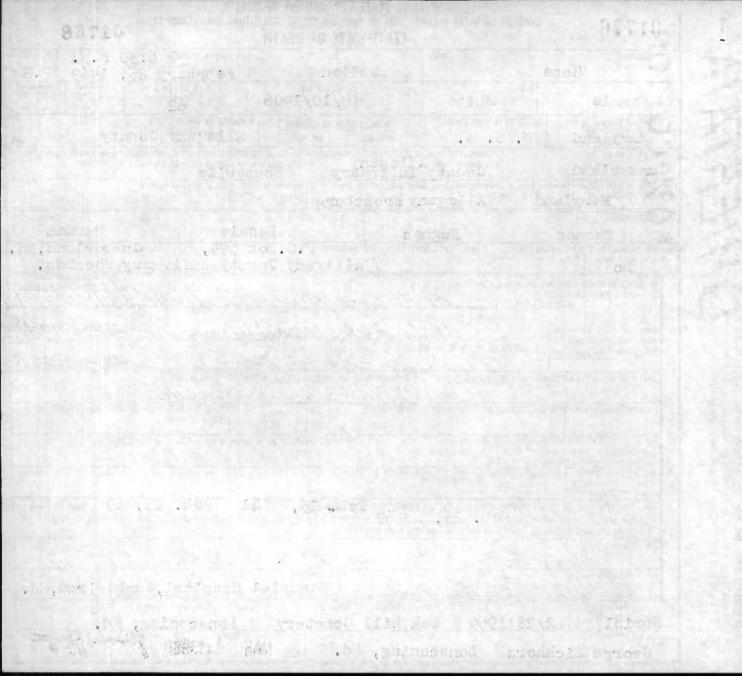
George Eichhorn

2/28/1969

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

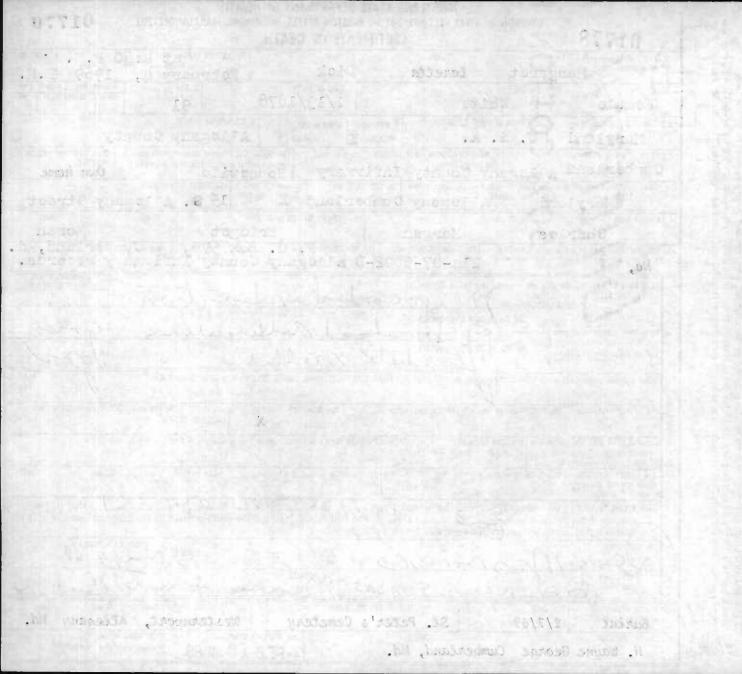
BENOVA (Sperify)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01769 CERTIFICATE OF DEATH 2g. DATE OF DEATH Last 2b. HOUR 1. DECEASED-NAME First Middle Manth O2 Day (Type or print) XXXX DEBRA KAY DAYTON REXX 69 10:004 efely filted in by the functional papers. Pages 1 of within 72 hours after d 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX last birthday) MONTHS 06 24 havrs att WHITE 2-21-69 FEMALE 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED X COUNTY UMBERLAND, ALLEGANY USA DIVORCED WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within giSACREDSSHEART HOSPITAL duriNON Eaf warking life, even if retired.) CUMBERLAND INDINORNE remave carban event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO admission) STATE burial, crematian, ar remaval, and in any Middle 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First DONNA SELF ALBERT LEE DAYTON **JEAN** physician 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes, no, or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🖂 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. State Dept. 21e. PLACE OF INJURY City or Town Caunty State While Nat while at wark 19 69 to 22a. I **certify** that (1) (this haspital) attended the deceased fram—saw the deceased alive an 02-21 1969, a 02-21 UZ-Z1 \_1969\_, and that in (my) (aur) apinian death accurred an the date and have and fram the directar, page 3 shauld shauld be filed with the causes stated above. (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED SIGNATURE ATTENDING PHYS. DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d.\_LOCATION (City or Town) (State) **BURIAL, CREMATION,** (Caunty) REMOVAL (Species) FUNERAL DIRECTOR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH



JOM REV.

Ite	m15 Film	G410 3	/14/69 kk	C	ERTIFICA	TE OF DEAT	TH			017	71
	EASED-NAME pe or print)	First		Middle	T1 •	Last		DATE OF DEATH @ Month	12:	25 P.M	2b. HOUR
(+11	or or printy	Char	les	Lewis		rich	F	ebruary	24,	1969	P.M.M
3. SEX	Male		4. RACE Whi	.te		5/21/188	86	6. AGE (In	years day) YRS.	MONTHS DAYS	HOURS MIN.
7a. BII	RTHPLACE (State o	r fareign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED	9. COL	INTY OF DEATH			11.34
cauntr	Maryl.	and	Allega	iny ///	WIDOWED 5	DIVORCED [	A	llegany	Cou	nty	Md
	or town of Dumberl	EATH	11. NAM give str	eet address) All	iuilon (If not egany irmar	in haspital 12a. duri Re	na most af	UPATION (Kind of w working life, even it d: Labor	retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13a. U admiss	SUAL RESIDENCE ( ian) STATE Ma:	Where deceasery land	d lived, if institution		13c. CITY OR T		CITY LIMITS?	13e. STREET AND N 759 Ma	UMBER	nd Ave	nue
	THER'S NAME	First	Middle	Last	15.	MOTHER'S MAIDEN NA			Middle D	rainer	Last
	Ma	rtin	Joseph	Eirich		ary Ething	1001	ILLG 7/1	ne/	Crute	77779
	WAS DECEASED EVI		or dates of renuce)	6b. SOCIAL SECURITY NO		ORMANT P.O				mberla	
163	no			214-05-92	94 A	llegany	Coun	ity Infi	rma r		
1				far (a), (b), and (a),	7	تب وست					MATE INTERVAL NSET AND DEATH
9	PART I. DEAT	H WAS CAUSED IMMEDIAT	E CAUSE (a)	OM	RUM	Ollills				404	W.
	185)	X	DUE TO, OR AS	A CONSEQUENCE OF	1		11	1		11	
	anditions, if any	which gave	(b)	Meh	18/0	alle Me	alle	Comey		204	4.
	tating the unde		DUE TO, OR AS	A CONSEQUENCE OF	Dans		10.	1.1.1		A B	
- 1	ast.	,	(c)		MARK	secul of	1 12/60X	sellet	Mu	UX M	MINI -
	PART 2. OTHER SI	GNIFICANT COND	OITIONS CONTRIBUTII	NG TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISCASI	E OR CONDITI	ON GIVEN IN PART 1	(a)		
NO	0 0175 05 0050	Trail 6	CHRISTIAN FOR WHILE			Les Miraneus		Look of Mee Mene	TINDINGS S	ONCIDEDED IN CO	DATE VILLA
RIFICA	9a. DATE OF OPERA			H OPERATION WAS PERI			10 🔲	2Db. IF YES, WERE CAUSES OF DEATH?			ERTIFYING
	or contributing			NJURY Manth Day Year	21c. HOV	V INJURY OCCURRED	(Enter natur	e of injury in Part 1	or Part 2,	Item 18.)	
	If either, natify n	nedical examine	er) P.M.	. 19		Name of				100	
0	21d. INJURY OCCU While Mat wh t wark at wa	,k		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.				City ar Tawn		County	State
	saw the	deceased ali	ve on Feb.	ided the deceosed 211, 19 lid not) view the b	69, and	thot in (my) (our	19 <u>69</u> , ) opin <del>i</del> on	to F'O D. deoth occurred	24,•19 on the do	69 , that te and hour	(I) (we) last ond from the
3	22b. SIGNATURE	she i	a Jonne	NY MKE	DEGREE	ATTENDING PHYS.	MED. DIRECTO	R STAFF PHYS.		DATE SIGNED	9
2	22d. PHYSICIAN'S NAMP (Type)	dotte	1 Alto	OPER	4.19	22e. ADDRESS Memori	al Ho	spital,	Cumb	erland	,Md.
23a. I	BURIAL, CREMATIO		.27,1969	23c. NAME OF C		REMATORY emetery		LOCATION (City or amberland	All, All		(State) Md •
24. FI	James F			umberland	d, Md.	2Sa. RI	EB 2			SIGNATURE	ige.

			AVIA OVEREZ	
			as free to	
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Maria de Maria de 1		,		
	fulnered as			
. dk. vis s. 2 de				

State

While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from Dec saw the deceased alive an 7-16 24 1964, and that in (my) (our) opinion death occurred on the date and hour and from the

anceno DEGREE

couses stoted obave, (1) (we) (did not) view the body ofter death.

ATTENDING 22e. ADDRESS

STAFF

Hyndman, Pa.

City or Town

\_\_\_\_\_, 19 68, to 126 24, 19 68, that (1) (we) lost

22c. DATE SIGNED 2/25/69

22d. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION,

REMOVAL (Specify)

22b. SIGNATURE

Feb. 27, 1969

441 23c. NAME OF CEMETERY OR CREMATORY

Comps Cemetery

ST., CUMBERLAND, MD. N. CENTRE 23d. LOCATION (City or Town)

(County)

County

Somerset, Pa.

24. FUNERAL DIRECTOR

2Sa. REC'D BY REGISTRAR DATE MAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4)

director, page 3 shauld shauld be filed with the TO FUNERAL DIRECTOR:

Page 4 may be retained by the haspital ar attending

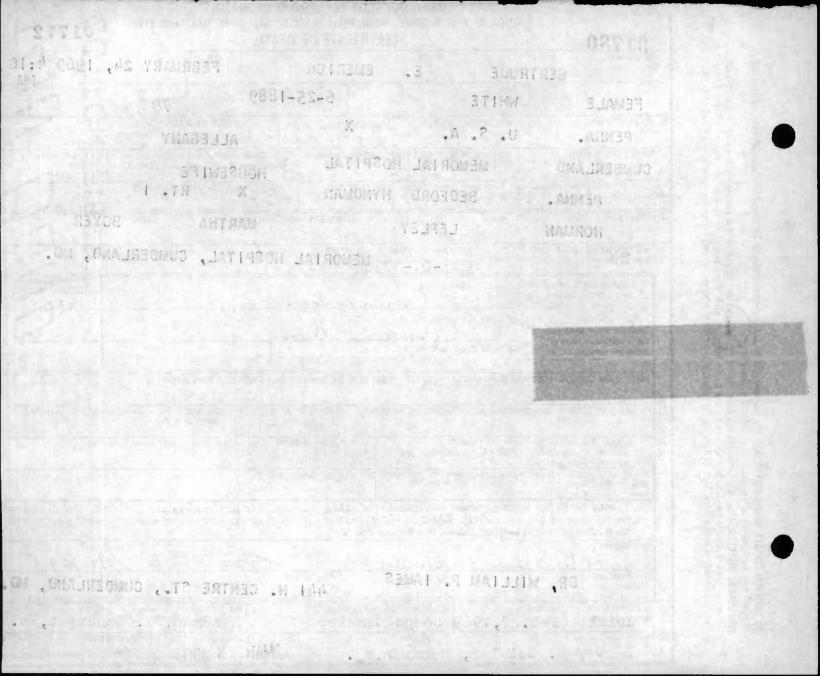
certificate

death certificate be executed within 24 haurs after death.

gug

Harvey H. Zeigler, Hyndman.P.

1969



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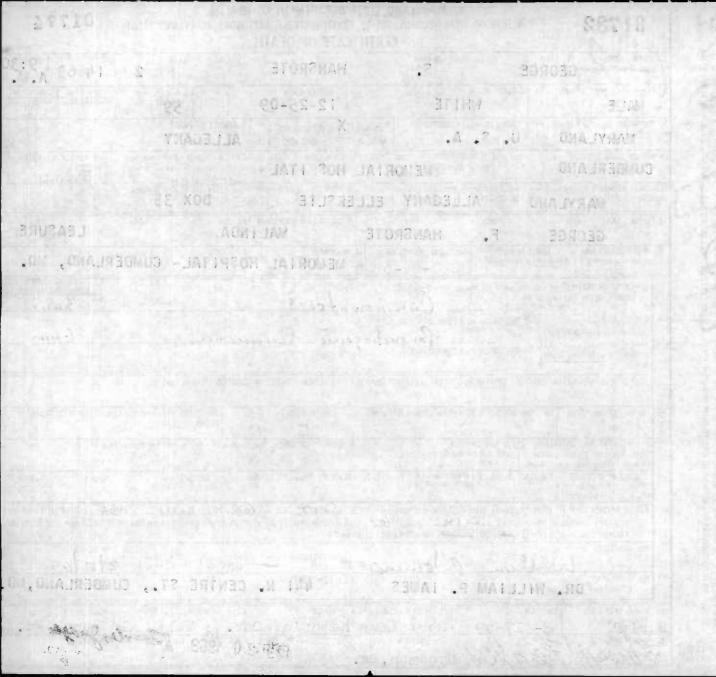
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01774

1	ALPEN APPL		CEI	CIFICALE OF DEATH		
1.	DECEASED-NAME (Type or print)  GI	EORGE	Middle S	HANSROTE	2a. DATE OF DEATH Month 2	Day 14 Ye 69 2 bg 10 U
3.	MALE	4. RACE	WHITE	S. DATE OF BIRTH 12-25-09	6. AGE (In yeors	IF UNDER 1 YEAR IF UNDER 24 HOURS A
70 (0	BIRTHPLACE (Stote or forei	U. 5	> A . W	IDOWED DIVORCED	COUNTY OF DEATH	
	CUMBERLANI	9	ive street addresMEMOR	TION (If nat in hospital 12a. USUAL HOSP   TAkering mast	OCCUPATION (Kind of wark do af warking life, even if retired	ne 12b. KIND OF BUSINESS OR INDUSTRY B&CORR
adı	missian) STATEMARY	deceosed lived, if inst	YALLEGANY 130	ELLERSLIE YES NO	□ BOX 35	
L	FATHER'S NAME First		HANSRO'		DA	LEASURE
16	Yes, na, ar unknown) (If	J.S. ARMED FORCES? yes give war ar dates of service	16b. SOCIAL SECURITY NO. 220-07-6	17. INFORMANT MEMORIAL HO	SPITAL - CUME	BERLAND, MD.
	PART I. DEATH WAS  16 2 1  Conditions, if ony, which rise to immediate caus stoting the underlying lost.	CAUSED BY:   MMEDIATE CAUSE (a) _   DUE TO, (   Cause   DUE TO, (   (c) _	OR AS A CONSEQUENCE OF	hoganic Curcin		APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH  3 Mars  6 descen
CERTIFICATION			WHICH OPERATION WAS PERFOR			GS CONSIDERED IN CERTIFYING
MFDICAL CFP		examiner) HOUR A.	M. 19	21c. HOW INJURY OCCURRED (Enter no. ) 21f. LOCATION Street ar R.F.D. No.	oture of injury in Part 1 or Part City or Town	2, Item 18.)  County State
	22a. I certify that saw the decea causes stated	(I) (this haspital) (seed alive anabave, (I) (wee) (d	attended the deceased f 2-1 4 1960 id) (did net) view the bad	ram, 19.62 4, and that in (my) (aur) apinio y after death.	an death accurred an the	19 <u>69</u> , that (I) (we) date and hour and fram
	22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) DR	· illa WILLIA	M P. IAMES		CTOR STAFF PHYS.	CUMBERLAND, N
B	o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2- 17-6	23c. NAME OF CEME PART LA ADDRESS Hyndman	wn Memorial Gns	23d. LOCATION (City or Town)  3 T Vale A  NGIST 129 25 CREGISTRA	(County) (State)



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PERSONAL STATES			
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MARYLAND STATE DEPARTMENT OF HEALTH 01785 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 20. DATE OF DEATH 2b. HOUR and 2 death. be executed within 24 haurs after death campletely filled in by the funeral have carban papers. Pages I and iv event, within 72 hours after deat (Type ar print) DOROTHY ANGELA HENDRICKS 3. SEX 4. RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years last birthday) 67 FEMALE WHITE JUNE 28, 1901 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED remave carban papers. WIDOWED X DIVORCED [ ALLEGANY MARYLAND IISA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR CONV. CENTER RET. SCHOOLTEACHER CUMBERLAND SCHOOLS 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 3d. INSIDE CITY LIMITS? BOX 88. ROUTE CUMBERLAND 14. FATHER'S NAME Middle First Lost 1S. MOTHER'S MAIDEN NAME First Lost FOOTEN PETER T. JULIA KELLY requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) 234 62 2659 JULIA SIEHLER, RT. 3 Cumberland Md 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c), PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO, OR AS A SONSEQUENCE OF Conditions, if any, which gave ) burial-transit rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending this certificate has been 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OS CAUSES OF DEATH? YES 🗀 NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from 1968, to Page 4 may be retained by 22b. SIGNATURE 22c. DATE\_SIGNED ATTENDING STAFF PHYS. director, page 3 should be filed v DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BLANE M. SCHINDLER, M.D. 43 GREENE ST. CUMBERLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE 23a. BURIAL CREMATION. FEB. 28 1969 HILLCREST BURIAL PARK CUMBERLAND 25d. RECD BY REGISTRAR 24. FUNERAL DIRECTOR CUMBERLAND, MD. BYRON KIGHT 30M REV. 148

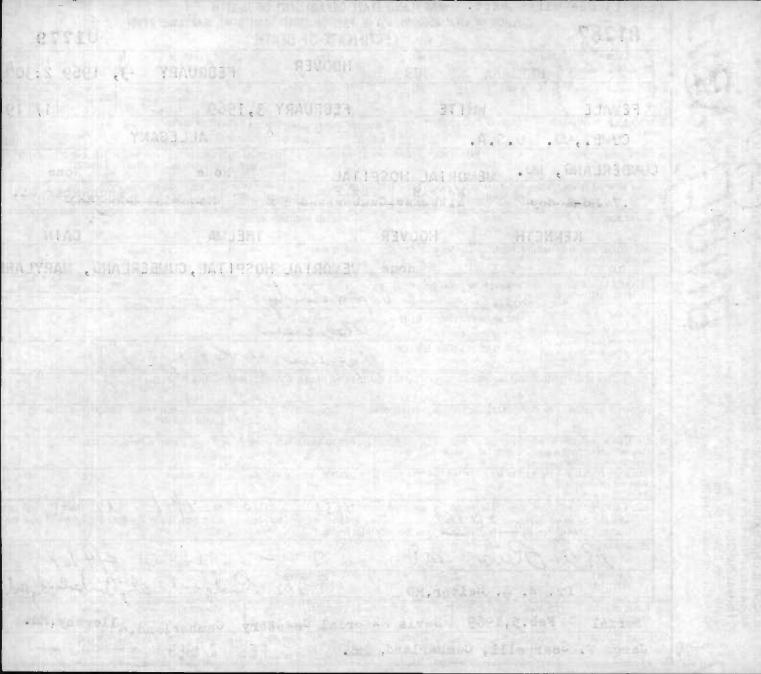
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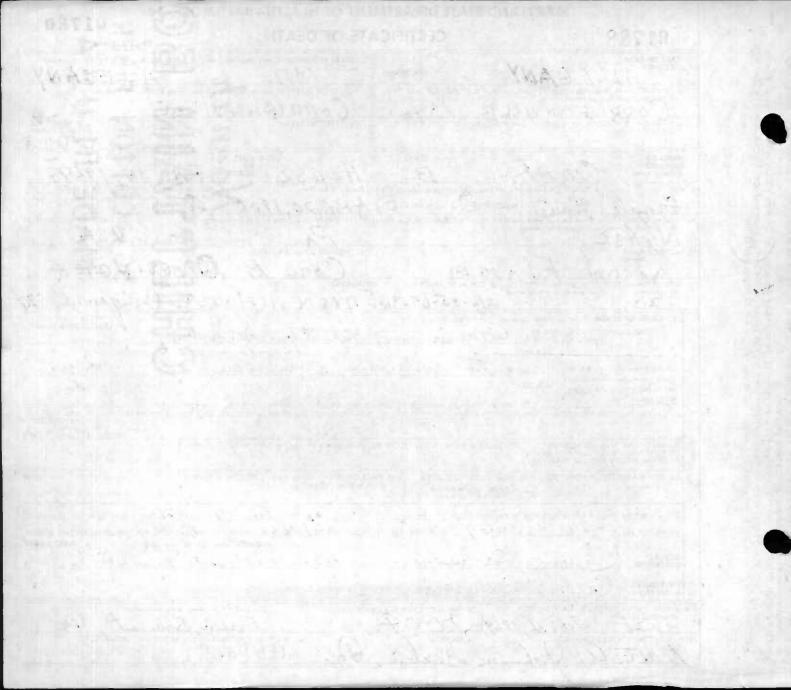
BIELD K. SCHINDLER, N.D. 43 GEREGE ST. CHRIST DE, NO. BELLY STREET, 1969 BILLICHTSP DERITH PRICE CONSELL, DE, YOL.

EXHON KINES CHINESCHIED, 119.

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	I.	tem 13 See bir	th cert.	MARYLAND	STATE	DEPARTMEN	NT OF HEA	ALTH				
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重点	3. S	X	4. RACE			5. DATE OF BIRTH	Н		6. AGE (In ye last birthday	ors	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
ours a page the page ours		FEMALE	WHI	TE		FEBRUAR	Y 3,1	969	idsi biririda	YRS.	UNINS DATS	17 19
24 hours after death id in by the femacal pers. Pages 4 and 72 hours after death	7o.		7b. CITIZEN OF WHAT	COUNTRY?		NEVER MARRIE	- L	COUNTY OF		114	1	
in 24 ho filled in papers.	10	CUMB., MD.	U.S.A.	05.110.60.711.00.111	WIDOWED				LEGAN			Md.
within 24 h	(	CUMBERLAND, N	D. give stre	OF HOSPITAL OR INST et oddress)	SPIT		during most	of working None	(Kind of wark life, even if re	tired.)	12b. KIND OF B INDUSTRY INON	USINESS OR e
ond completely framove corban nony event, with	13o. odm	USUAL RESIDENCE (Where decease ission), STATE	ed lived, if institution	Residence befare	13c. GIY OF	TOWN 13d	. INSIDE CITY LIMITS'	13e. STF	REET AND NUM	BERWin	cheste	r St.
d co moon		FATHER'S NAME First	Middle	Last		. MOTHER'S MAID				ddle		Lost
be ex and and in on		KENNE		HOOVE		THE THE THE THE		LMA		daic	CAI	4
ate ician leosi ond		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16	b. SOCIAL SECURITY NO		NFORMANT	1116	L IVIPA	Add	ress	CAI	11
ertificate be physician o en pleose oval, ond ir		'es, na, ar unknawn) (If yes give wo	ar or dates of service)	non	e M	EMORIAL	HOSP	I TAL	CUMBE	RLA	ND. MA	RYI ANI
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter onl	y ane cause per line f	ar (a), (b), and (c).)		7	+				APPROXIM	ATE INTERVAL SET AND DEATH
eath endi nit.		PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a)		The	malux	ly					
atte perr jan,		1169	DUE TO, OR AS A	CONSEQUENCE OF	Co	90-9	1,				THE WEST	
the the matri		Conditions, if ony, which gove ) rise to immediate couse (a),	(b)		a	elclus	es					
equires that the physician. signed by the burial-transit burial, cremati		stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF	an	entain	01	Keden	and			
uire: hysic gnec rriol		PART 2. OTHER SIGNIFICANT CON	(c)	C TO DEATH BUT NOT	DELATER T	THE TERMINAL D	ISEASE OR COME	DITION CIVEN	I IN DART I			
req ig pl n si e bu		TART 2. OTTER SIGNATIONAL CON	DITIONS CONTRIBOTING	5 TO DEATH BOT NO	KELATED I	THE TERMINAL D	ISEASE OR CONL	DITION GIVEN	IN PART I(d)			1 -12-
The law ratending attending has been se os the h prior to	CERTIFICATION	190. DATE OF OPERATION 19b. (	ONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a. AUTOPSY	(?	20b. IF	YES, WERE FIN	DINGS CON	SIDERED IN CER	TIFYING
The atte	IFIC					YES 🗀	NO 🗌	CAUSES	OF DEATH?			
or ote		21a. ACCIDENT WAS UNDERLYING			21c. H	OW INJURY OCCUR	RED (Enter na	ture of injur	y in Part 1 or	Part 2, Ite	m 18.)	
Pito Pito Pito of F	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	Month Day Year 19								
hos hos is ce oche ept.	×	21d. INJURY OCCURRED While Not while	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO FICE BUILDING, ETC.	ORY,) 21f. LO	CATION Street o	r R.F.D. No.	City	ar Tawn		County	Stote
the del		MI WUIK UI WOIK	1 : 1 : 7		1.6	1101	10/0		1611			
Affre Affre Sto		22a. I certify that (I) (this saw the deceased of	ve on #	190 the deceased	trom	dihat in (my)	, 19 <u>6.9</u>	_, to	ccurred on	_, 19 <u>_6</u> the date	9, that	1) (we) last
OR:		couses stated obove	(I) ( <del>we)</del> (did) (di	d.net) view the b	ady after	deoth.	(oor) aprilla	iii dcoiii o	ccorred an	ille dale	ona naor a	na iram me
R Al refer 3 sh with		22b. SIGNATURE	SPorton.	MR		ATTENDING	MED.		STAFF	22c. DA	TE SIGNED	
L Ol be older		22d. PHYSICIAN'S	) Citor	1110.	DEGR		MED. DIREC	TOR L	PHYS.	4	17 169	
RAIL RAIL Pe f be f			R. A. Rei	ter MD		22e. ADDRES	. 10	actio	with a	H.C	mbelle	od hul
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerpoge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condirector, page 3 shauld be detached for use as the burial-transit permit. Then please removes should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any experiments.	23a.	BURIAL CREMATION 23b. D		23c. NAME OF CE	METERY OR			3d LOCATIO	N (City or Tow		(Caunty)	(State)
Pog Pog dire		REMOYAL (Specify) Fe	b.5,1969			ial Cem	eterv	Carmi	an low	, Al.	legany	
	24.	FUNERAL DIRECTOR	33. 0	VIIUSESS		1 20	a. REC'D BY RE	EGISTRAR	2Sb. REGI	STRAR'S SIG	GNATURE	
VR A15	1	James F. Scar	pelli, Ci	umberland	i, Md	• D/	ATE FEB	- 1	969 #	[ Jourselline	west grow	Jan 1





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01781

. DECEASED-NAME	First		Middle		Lost	m 5 1	2a. DATE OF			2b. HOUR
(Type ar print)	GENE	VIEVE	MARY M.		JOLLE	Υ		Month 02 Do	25 Year 69	11:15
. SEX		4. RACE			S. DATE OF BIRT	Service   Serv	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
FEMA	LE	WH	ITE	100	06-17	7-91		last birthday)	MONTHS DAYS	HOURS MIN
a. BIRTHPLACE (State	or fareign 7b.	. CITIZEN OF WHAT	COUNTRY? 8	MARRIED F			COUNTY OF			
duntry) MARY	LAND	U. !	S.A.	WIDOWED	DIVORC		ALLEGA	NY COUNTY		M
CITY OR TOWN OF	DEATH	11. NAME	OF HOSPITAL OR INSTIT	UTION (If na	t in hospitol	12a. USUAL	OCCUPATION	(Kind of work dane		F BUSINESS OR
	ERLAND		CREDS) HEART			during mast	sewife	life, even if retired.)	INDUSTRY !	home
a. USUAL RESIDENCE mission) STATMA	RYLAND	13b. COUNTY ALI	LEGANY	CUMBE				FAYETTE	STREET	
. FATHER'S NAME	First ENJAMIN	Middle F.	WALTERS					ABETH Middle	W	Last
Yes, no or unknow			b. SOCIAL SECURITY NO. None		FORMANT CRED HE	ART HO	SPITAL	Address , 900 SET	MD. 2 ON DR.,	
18. CAUSE OF D	EATH (Enter only o TH WAS CAUSED BY IMMEDIATE (	1: /2	ar (a), (b), and (c).)	and	of 2	Ball	Illa	Des.		IMATE INTERVAL ONSET AND OFATH
1360		DUE TO, OR AS A	CONSEQUENCE OF		1	BI SAVE			1	
Canditians, if an		(b)			V	- 1- 11			4	
stoting the und		DUE TO, OR AS A	CONSEQUENCE OF							
last.	,	(c)								
PART 2. OTHER :	GIGNIFICANT CONDITI	IONS CONTRIBUTING	G TO DEATH BUT NOT	RELATED TO	THE TERMINAL I	DISEASE OR CON	IDITION GIVEN	I IN PART 1(a)		
19a. DATE OF OPE		DITION FOR WHICH	OPERATION WAS PERFO	RMED	20a. AUTOPS	NO 🔲		YES, WERE FINDINGS ( OF DEATH?	CONSIDERED IN C	CERTIFYING
OR CONTRIBUTING	CAUSE OF OFATH medical examiner)		JURY Month Day Year 19	21c. HOV	W INJURY OCCUI	RRED (Enter no	ature of injur	y in Part 1 or Part 2,	Item 18.)	
While Nat w	URRED 21e. PLA	CE OF INJURY (AT	HOME, FARM, STREET, FACTOR ICE BUILDING, ETC.	1	ATION Street			or Tawn	County	State
220. I certify saw the couses s	that (1) (this h deceased alive tated above (1	ospitol) attend on (we) (did) (dir	ed the deceased 19 19 not view the bo	from 9 9, and dy after de	that in (my) eath.	, 19 <u>(</u> (our) apinio	n deoth o	ccurred on the do	69, that ate ond haur	(we) las
22b. SIGNATURE	ell1	1811	Henles	of SEGRE	ATTENDING PHYS.	MED. DIRE	CTOR	STAFF PHYS. D Z2c.	DATE SIGNED	1-69
22d. PHYSTCIAN'S NAME (Type	F. MILTE	ENBERGER.	M.D. 0		22e. ADDRE		RE ST.	, CUMB.,	MD. 215	02
a. BURIAL, CREMATI REMOVAL (Specify	2/2	8/69	Rose HA	el Ce	metery		Cumbe	N (City or Town)	elegany	(SMa).
FUNERAL DIRECTOR	H. Wayn	e George 1E, 202 (	ADDRESS GREENE ST.	, CUM	B., MD.	Sa. REC'D BY R	REGISTRAR 19	69 2Sb. REGISTRAR'S	SIGNATURE	401

Page 4 may be retained by the haspital ar attending physician.

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O DEPUTY

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

101196	1	WEDIC	AL EXAM	INFK,2 (	EKIIFICA	IF OF D	EAIH			
1. DECEASED-NAME	First		Middle	e	Las			2a. DATE KNOWN Month	Doy Yeo	r 2b. HOUR
(Type or Print)	Laver	n	Clayton	n –	Leipl	er		DEATH MATED Teb.	2,1969	1:30p
3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In years	IF UNDER 1 YE			2c. DATE PRONOUNCED DEAD		2d. HOUR
Male	White	5/9/3	4	last birthday)	RS. MONTHS DA	YS HOURS	MIN.	February 2 Day 1	969 ear 19	3:00p A
o. BIRTHPLACE (Stat		CITIZEN OF WH	AT COUNTRY?	8. N	ARRIED X NEVER	MARRIED [	9. <b>CO</b> L	UNTY OF DEATH	77-47	
ountry) New Y	ork	U.S.A.		WI	DOWED [	DIVORCED [	A1	legany		M
O. CITY OR TOWN O		11. N/	AME OF HOSPITAL	OR INSTITUTION	ON (If not in hos		USUAL O	CCUPATION (Kind of wark dane	12b. KIND OF	BUSINESS OR
Near Fli	ntstone	give R	treet address)	State 1	Forest	durin	g mast a <b>mer</b>	of working life, even if retired.)	Machin	ne Shop
	NCE (Where deceased	lived if institu	tion: Residence			13d. INSIDE CITY		13e. STREET AND NUMBER	1.000	DATE D
admission) STATE	w York	136. COUNTY	Erie	E.	Aurora	YES T	NO 🔲	1303 Benter	Stree	et
4. FATHER'S NAME	First	Middle		Last	1S. MOTHER'S	MAIDEN NAME	First	Middle		Last
	Robert	J.	Le	ipler		An	toin	nette	Beas	ser
o. WAS DECEASED E	VER IN U.S. ARMED FOR	RCES?	16b. SOCIAL SECU	_	17. INFORMANT	F 157		ADDRESS		
No No	wn) (If yes give wai	or dates of service)	114-26-	-3887	Md. Sta	te Pol	ice.	Cumberland, M	d.	
18. CAUSE O	F DEATH (Enter only	one cause per li	ne far (a), (b), ar	nd (c).)					APPROX	TMATE INTERVAL ONSET AND DEATH
	DEATH WAS CAUSED E				Shock					nutes
841	X IMPEDIATE	. ,	AS A CONSEQUEN	ICE OF			4.7			
	any, which gave	(b)			Rupti	red Li	ver,	, Multiple Frac	tures	Sudden
rise to immed	diate cause (a), nderlying cause		AS A CONSEQUEN	ICE OF		1				
lost.	ilderlying couse	(4)			(Pilo	t in A	irol	lane Crash)	100	
PART 2 OTHER	SIGNIFICANT CONDITIE	ONS CONTRIBUTI	NG TO DEATH BU	T NOT RELATE				ON GIVEN IN PART 1(a)		
							CONDING	on onen men non		
19a. DATE OF	OPERATION		19b. CONDITION	FOR WHICH O	PERATION				20. AUT	OPSY?
19a. DATE OF C			WAS PERFO	RMED?					YES	XX NO
210. EXTERNAL	CAUSE WAS		INJURY Manth, Da	y, Year	21c. HOW INJUR	OCCURRED (E	nter natu	ure of injury in Part 1 or Part 2, I		
PRIMARY CO CAUSE OF DEA'	OR CONTRIBUTING [	11 :30 P.		19 69	Pilot	Irashed	in	small aircraft		
21d. INJURY OC	CCURRED 21e. PLA	CE OF INJURY (	At home, form, st		21f. LOCATION St			City or Town	County	Stote
WHILE AT WORK	facto	ry office building	n etc)		t. 1.31	Miles I	Jorth	n Rt.40.Flintst	one A7	leg.Md.
	certify that I too									n my opiniar
	esulted from:		ses , Acc				_	Undetermined manner	-	i my opiniai
ueuill fe	ezonea mom:	NOTULAL COUS	62   A(	LIUEIII A.	Soldia	, Homici	ae	Undereimmed manner		

CHIEF MEDICAL EXAMINER

SKITARELIC, M.D. 23c. NAME OF CEMETERY OR CREMATO

22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER XX February 2.

ADDRESS(Street,	city, town, or county BERLAND,	MARY	LAND
RY	23d. LOCATION (City or Town) (C	Caunty)	(State)

01789

Oakwood Cemetery E.Au

ADDRESS
Hafer, 230 Balto. Ave., Cumberland, Md DAIE FEB 4 E. Aurora, Erie, New York

PS SIGNATURE

ACTUAL

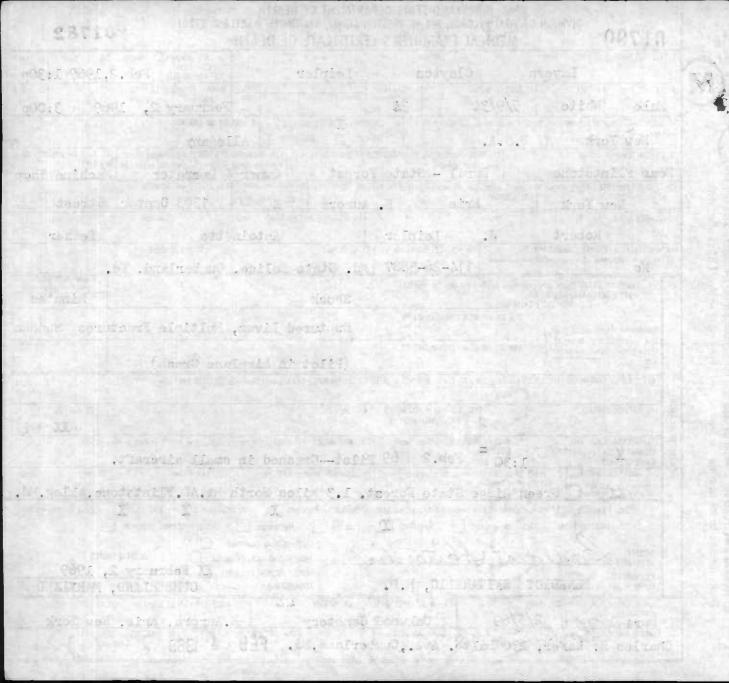
EXAMINER'S NAME (Type)

24. FUNERAL DIRECTOR

BURIAL, (REMATION, REMOVAL (Specify) Burial

BENEDICT

23b. DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01700

	11791			CERTIFICATE	OF DEATH		0178.
1. DECEAS		irst	Middle	Lost		2a. DATE OF DEATH	2
(Type	or print)	HELEN	A L.	LOAR	3	FEB. Month 21	)0Y1969eor
3. SEX		4. RACE			OF BIRTH	6. AGE (In yeors	IF UNDER 1 YEAR IF UN
FE	MALE		WHITE	JUL	Y 29, 1902	last birthday)	S. MONTHS DAYS HOU
7a. BIRTH	IPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY?	B. MARRIED NEVE	R MARRIED 9.	COUNTY OF DEATH	
PE	NNSYLVANIA	U.	S.A.		DIVORCED	ALLEGANY	
10. CITY C	OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN	STITUTION (If nat in hasp	pital 12a. USUAL	OCCUPATION (Kind of work done	e 12b. KIND OF BUSIN
	STBURG		give street address) MINERS H	OSPITAL	HOUS	t of working life, even if retired. SEWIFE	.) INDUSTRY
13a. USUA	AL RESIDENCE (Where dec	reosed lived, if	institution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMIT		
dullissidi	STATEMARYLAN	ID 138. CO	UNTY ALLEGANY	FROSTBURG	YES NO	C ROUTE 1	
14. FATHE	ER'S NAME First	Mi	iddle Lost	IS. MOTHER	R'S MAIDEN NAME Firs	t Middle	Lo
1	ERNEST		WINDERKNE		LOUIS	SA	RUETGER
	S DECEASED EVER IN U.S. a, ar unknawn) (If yos g	ARMED FORCES?				Address	
163,111	d, di dikildwii)		214-48-31	ZU GEO.	F. LOAR,	BOX 476, RT. 1	*
1B.			e per line for (a), (b), and (c).	) 0		0 .	APPROXIMATE IN BETWEEN ONSET AF
	PART I. DEATH WAS CA			Con	onary	occlusion	24.
1	4/00 IMM	EDIATE CAUSE (c	•		URD.		
Con	nditions, if ony, which ga		O, OR AS A CONSEQUENCE OF	1/0.	PUN		Un
COII				F-+ ( )			7000
rise	ta immediate cause (	1 (	b)	HU	UND,		Jear
stat	ta immediate cause (e ting the underlγing cou	0),(	b)O, OR AS A CONSEQUENCE OF	AC	UND,		Jear
stat last	ta immediate cause (or ting the underlying cou i.	se DUE TO	(c)				Jear
stat last	ta immediate cause (or ting the underlying cou i.	se DUE TO				NDITION GIVEN IN PART 1(0)	Jear
stat last. PAR	ta immediate cause (ving the underlying could.  The state of the state	conditions co	(c) INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE OR COM	``	Jear
stat last. PAR	ta immediate cause (ving the underlying could.  The state of the state	conditions co	(c)	OT RELATED TO THE TER	RMINAL DISEASE OR COI	20b. IF YES, WERE FINDING	S CONSIDERED IN CERTIFY
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retained by the hospitol or ottending physicion.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours at

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### FOR STATE HEALTH DEPT.

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necessary, please execute the certificate, writing the ward "pending" in pencities, Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. and Swith the State death. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Health prior to burial, cremation, or removal, and in any event within 72 hou

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 792 01784 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME (Type or Print) 20. DATE KNOWN A OF ESTIDEATH MATED First Middle Lost Month Doy 2b. HOUR Harry Wilbur Long Feb. ll. 1969 : 40pm 6. AGE (In years lost birthday)
55 YRS. IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX HOURS 19gy Male 2/2/14 1969 Cau. 4:40p M 7a. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED THEVER MARRIED

country)	Md.	u.s.A.		VORCED _	Allegany	Md
	or town of death Cumberland		Hosp. (D.O.A.	during most	occupation (Kind of work done of working life, even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY, S. CO.
	AL RESIDENCE (Where deceo ion) STATE Md.		nyMt. Savage	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET AND NUMBER Railroad St	
14. FATHE	Orion	Robert Lo	ng Is. MOTHER'S N	AIDEN NAME Firs	dia	McCormick
	DECEASED EVER IN U.S. ARMED OF Unknown) (If yes give	FORCES?  We will 1 214-05-		Iona A. L	ong Railroad St.	
18.	PART I DEATH WAS CAUSE	nly one cause per line for (o), (b), one D BY: ATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE	CORCNARY	THROMBOSI	S, LEFT	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH SUDDEN
rise	ditions, if ony, which gove to immediate couse (o), ting the underlying couse	) "	CORONARY	SCLEROS	SIS	•••
CERTIFICATION 1061	DATE OF OPERATION	19b. CONDITION F WAS PERFOR				20. AUTOPSY? YES NO
F PRI	EXTERNAL CAUSE WAS MARY OR CONTRIBUTING USE OF DEATH	21b. TIME OF INJURY Month, Doy HOUR A.M. P.M.	, Yeor 21c. HOW INJURY	OCCURRED (Enter no	ture of injury in Port 1 or Port 2, (	Item 18.)
	VHILE NOT WHILE TO SEE NOT WHILE AT WORK	PLACE OF INJURY (At home, form, streetery, office building, etc.)	pet, 21f. LOCATION Stre	et or R.F.D. No.	City or Town	County Stote
SIG	death resulted fram:	Natural causes XX Acci	dent [], Suicide [],	Hamicide HIEF MEDICAL EXAMI SSISTANT MEDICAL EXAMI HIEPUTY MEDICAL EXAMI	, Undetermined manner	= SIGNED 1969
23o. BUI	RIAL, CREMATION, 23b	DATE 23c. NAME 2/17/69 St.	OF CEMETERY OR CREMATORY	23	d. LOCATION (City or Town)  t. Savage. Alle	(County) (State)
21. 1011		eorge Cumberland		DATEFEB 1		ela Vieras

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01785

					CENTILI	CAIL OF DEATH				
	1. DE	CEASED-NAME CYRUS First-	THEODO	RE CYPUS	LUZIER	Lost	20. DATE OF DEATH Month	26 Doy	69 Yeor	2b. HOUR 4:25 PM
	3. SE	X	4. RACE			5. DATE OF BIRTH	6. AGE (I		F UNDER 1 YEAR	IF UNDER 24 HRS.
55.		MALE	30.00	WHITE		12/16/01	Jast birt		ONTHS DAYS	HOURS MIN
	700B	IRTHPLACE (State or foreign	7b. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	11.3.	. 120	
13	coun	W. VA.		TED STATES	WIDOWED	DIVORCED [	ALLEGANY			Md.
2	10. C	TY OR TOWN OF DEATH CUMBERLAND, MI	D.	11. NAME OF HOSPITAL ( give street oddress) S	OR INSTITUTION (IF	not in hospital 12a. USI	JAL OCCUPATION (Kind of working life, even MRFR INSPECT	vork done of retired.)	12b. KIND OF I INDUSTRY LUMBER	
5	13o. odmi	USUAL RESIDENCE (Where deceos	1 1 6 1 1 1	stitution: Residence be	fore 13c. CITY 0	R TOWN 13d. INSIDE CITY			COMBE	
2	14. F	ATHER'S NAME First	Midd	dle Lo		S. MOTHER'S MAIDEN NAME	First	Middle		Lost
0		JAMES F	llswo	rth L	UZIER	(AUVIL) EM	ма			LUZIER
	160.	WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECU		INFORMANT		Address Q	OO SET	ON DRIVE
		es, no, or unknown) (If yes give v		236 16	9210	PATIENT'S	HOSP, CHART		CUMBERI	AND MI
		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	D BY:	116000		OCK, CC	MOLET	F	APPROXIM GETWEEN ON	MATE INTERVAL MSET AND DEATH
		4100	ATE CAUSE (o) .	OR AS A CONSEQUENCE	F OF					
		Conditions, if only, which gove	(b)	ACUT	EL	YOCARI	DIAL INE	ARCO	ON	
		rise to immediate couse (o), stating the underlying couse	DUE TO,	OR AS A CONSEQUENC		7 0 = 1				
		lost.	(c)	ASC	CD					
Н		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONT	RIBUTING TO DEATH B	UT NOT RELATED 1	O THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART	(0)	01117	K
	NO	PABET	EJ.	MELLI	TU	UKLI	206. IF YES, WERE	CARA	DLYI	LIDE
2	RTIFICA			R WHICH OPERATION W		20o. AUTOPSY? YES NO	CAUSES OF DEATH	?		RTIFYING'
		210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT	m	AE OF INJURY A.M. Month Doy	Year 21c. H	IOW INJURY OCCURRED (Ent	er noture of injury in Port I	or Port 2, Ite	m 18.)	
	MEDICAL	(If either, notify medical examination	ner)	P.M.	19 .					
	2	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJU	JRY (AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET, FACTORY,) 21f. L	OCATION Street or R.F.D. N	o. City or Town		County	Stote
1		of work — of work —	:		1.6	0 00 /0 10	. 0 0/	10.7	0 1	40.4
		220. I certify that (1) (th	live on 2	affended the dec	eosed fram	ed that in (my) (our) op	ninion death occurred	n the date	9, that	(I) (we) last
		causes stated above	e, (I) (we) (d	did) (did nat) view	the body after	death.	mion deam occorred	on me date	ond ndor d	na nom me
		226 SIGNATURE	15%	14	1	ATTENDING ~	MED. STAFF	22c. DA	TE SIGNED-	10
		101/101	un	~ 2 /a	DEG	REE PHYS.	DIRECTOR PHYS.		26	6
-1		22d. PHYSICIAN'S NAME (Type)	MATTHE	THE MALIE	- 14011	22e. ADDRESS	DD IVE CIME	-01.0410	MD 0	1500
	230	BURIAL, CREMATION, 23b. 1	MATTHE		OF CEMETERY OF		DRIVE, CUMB			
	230.	REMOVAL (Specify)					23d. LOCATION (City or	,	(County)	(Stote)
		UNERAL DIRECTOR	1-69	al ness	ard Ce	metery 2So. REC'D	Bayard By REGISTRAR 256.	REGISTRAN'S SIC	SNATURE @	
6		14000	HOME,	KEYSER, W	. VA.	26726 DATE M		Julian	reas you	der

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth.

Page 4 may be retained by the hospital or ottending physician.

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01794 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) MARKS Thomas 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years MALE WHITE last birthday) 5-12-06 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH U. S. A. ALLEGANY CO. WIDOWED | DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR CUMBERLAND during most of working life even if retired.) **INDUSTRY** HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OdminSIPAR STATE AND 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle WILLIAM MARKS HEASTLEY XXXXX Alta 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. ar unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL CUMBERLAND, MD. 214-05-9252 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from Relation (my) (aur) opinion death accurred an the date and hour and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING 4 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) C. DURRETT CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE (County) PREMOTAL (pecify) 2/25/1969 Sunset Memorial Park Near Cumberland, Alleg Md 24. FUNERAL DIRECTOR Charles E. Hafer, 230 Balto Ave. Cumberland Mdark

within 24 haurs after death executed OR ATTENDING PHYSICIAN: The law requires that the death certificate be physician remaya O FUNERAL DIRECTOR: After this certificate be retained by the haspital directar, page 3 shauld be filed v

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01787 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 2g. DATE OF DEATH death. 2b. HOUR within 24 hours after death (Type or print) 2 Month JOHN MC 2 Day 69 Year DADE 9:00A 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8-8-22 los birthdoy) MALE WHITE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) completely filled in US OF A ALLEGANY MARYLAND base Temave carban paper WIDOWED [ DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR givSACTREDS)HEART during most of warking litereden if retired.) HOSPITAL CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE MARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YES X 520 FAYETTE STREET and in any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle guo Last JAMES MC DADE (MICHAELS) SARAH MC DADE Ician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 900 SETON DR. 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, pesunknawn) burial, crematian, ar remaval, 217-14-4153 HOSPITAL RECORDS CUMBERLAND, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line fag.(a), (b), and (c),) requires that the death PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 4(a) be retained by the hospital ar attending has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 19g. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO C TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from 1962, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased olive on.... couses stoted oboye, (1) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NATIONAL HWY NAME (Type) 23a. BURIAL, CREMATION NAME OF SEMEDERY OR CREMATORY FUNERAL HOME, CUMBERLAND,

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remavel, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours ofter death.

Page 4 may be retained by the haspital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01788

					AIL OI DEA				
	ECEASED-NAME First		Middle	53/13	Lost	2a. DATE (	OF DEATH		2b. HOUR
- 1	Type or print)	FLORENCE	M.	MC	ELFISH		2 Month 21	Doy 69 Yeor	7:10
3. S	EX	4. RACE			S. DATE OF BIRTH	14.	6. AGE (In years	IF UNDER 1 YFAR	IF UNDER 24 HRS.
	FEMALE	WHITE		3	7 22 95		last birthday)	MONTHS DAYS	HOURS MIN.
		b. CITIZEN OF WHAT CO	UNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY C			
	MARYLAND	USA		WIDOWED)	DIVORCED _			ALLEGAN	Y Mc
1.0	CITY OR TOWN OF DEATH  UMBERLAND		HOSPITAL OR INS			USUAL OCCUPATION	N (Kind of work dan WifeFeren if retired	12b. KIND OF INDUSTRY	BUSINESS OR
13a. odm	USUAL RESIDENCE (Where deceosed ission) STATE MARYLAND	lived, if institution: Re 13b. COUNTY ALLE	esidence befare EGANY	13c. CITY OR			TREET AND NUMBER	OCK ROAD	
14.	FATHER'S NAME First	Middle	Last MILLER		. MOTHER'S MAIDEN NA		Middle E LANGLEY	MILLED	Last
140	. WAS DECEASED EVER IN U.S. ARMED		SOCIAL SECURITY N		NFORMANT	WEITI		900 SETO	N DRIVE
100			25 64 44		SACRED HEA	ART HOSPI		CUMBERLA	
	1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE  A / 2 / Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	ane couse per line for BY: CAUSE (a) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO	ONSEQUENCE OF		Embolis brillale	1 0 -	Coscer lan	BFTWEEN	IMATE INTERVAL ONSET AND GEATH
7	PART 2. OTHER SIGNIFICANT CONDI		O DEATH BUT NO	T RELATED TO		E OR CONDITION GIV	EN IN PART I(a)		
CERTIFICATION	190. DATE OF OPERATION 196. CO	NDITION FOR WHICH OP	ERATION WAS PER		20a. AUTOPSY?		IF YES, WERE FINDINGS ES OF DEATH?	S CONSIDERED IN C	ERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical exominer	HOUR A.M. Mar P.M.	nth Day Yeor		W INJURY OCCURRED		ury in Part 1 or Part	2, Item 18.)	
ME	21d. INJURY OCCURRED 21e. PL While Not while at wark	ACE OF INJURY ( AT HOV	ME, FARM, STREET, FACT BUILDING, ETC.	ORY.) 21f. LO	CATION Street ar R.F.	D. No. Cit	y or Tawn	County	State
	22a. I certify that (I) (this saw the deceased aliv causes stated abave, (	re an	19	9, and	that in (my) (aur	19, ta ) apinian death	accurred an the	19, that date and haur	t (I) (we) last and fram the
	22b. SIGNATURE Coverne	J. Vinca	3-2	e. DEGR	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	C. DATE SIGNED	
	22d. PHYSICIAN'S NAME (Type) DR. CL	ARENCE VII	NCENT		912 SET	ON DRIVE	-CUMBERLA	ND, MARY	LAND
220	BURIAL, CREMATION. 23b. DA		23c. NAME OF C						

DATE

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and completely filled in by the funeral series are corbon papers. Pages 1 and 2 in any event, within 22 cours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERT	<b>IFICAT</b>	E OF	DEATH

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17.1 4 2 3		C	KIIFICATE OF	DEALU			0.7	103
1. DECEASED-NAME (Type or print) Jo	First hn Richa	Middle ard Mo	Partland		20. DATE OF Fe		1969	2b. HOUR 6A.
3. SEX Male	4. RACE White		S. DATE OF Aug.	BIRTH 3, 1904		6. AGE (In years last arthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
7a. BIRTHPLACE (State ar fore country) Md.	U.S.A.			ORCED _	Alleg	any	Tan king or	N
10. CITY OR TOWN OF DEATH Barton	give street	address)	TUTION (If nat in haspital	during mos Sales	t of working l man	(Kind of work dane ife, even if retired.)	INDUSTRY	• Co•
13o. USUAL RESIDENCE (Where odmission) STATE	deceosed lived, if institution: 13b. COUNTY		3c. CITY OR TOWN  Barton	YES NO		eet and number islature	Road	
14. FATHER'S NAME First Patri		cPartland		MAIDEN NAME Firs		Middle Hit	ggins	Lost
16a. WAS DECEASED EVER IN		SOCIAL SECURITY NO				Address Barton	n,Md.	
Conditions, if ony, which rise to immediate caustating the underlying last.  PORT 2. OTHER SIGNIFICATION  19a. DATE OF OVERATION	SE (a), DUE TO, OR AS A (c) CAUSE ON TRIBUTING	CONSEQUENCE OF TO DEATH BUT NOT	related to the Termin	arthi	20b. IF	M-PART 1(0) YES, WERE FINDINGS COOF DEATH?		ERTIFYING
Or CONTRIBUTING CAU (If either, notify medical 21d. INJURY OCCURRED While Not while at wark 22a. I certify that saw the decei	SE OF DEATH HOUR A.M. M I examiner) P.M.	onth Day Yeor 19 OME, FARM, STREET, FACTO CE BUILDING, ETC.  ed the deceased	from	reet or R.F.D. No. , 19.5 my) (aur) apin	City :	22c.	County	State t (I) (we) la and fram th
22d. PHYSICIAN'S NAME (Type) Le  23a. BURIAL, CREMATION, BREMOVAL (Specify)	slie R. Miles		METERY OR CREMATORY	DDRESS Lonaconi	ing Md	N (City or Town)	(County)	(State)
24. FUNERAL DIRECTOR	2/5/69	Western	oriels	2Sa. REC'D BY	_	2Sb. REGISTRAR'S		id.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending paycician and completely filled in director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon popels should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 22 in the state Dept. VR A15 (%) 30M REV.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	10. CI	ITY OR TOWN OF DEATH  Cumberland,	11. NA/	ME OF HOSPITAL OR INSTI	TUTION (If nat in haspital 12a.	USUAL OCCUPATION	(Kind of work done life, even if retired.)	12b. KIND O INDUSTRY Own	F BUSINES
/	13a. admis	USUAL RESIDENCE (Where dec ssian) STATE Marylan	eased lived, if institution	n: Residence before	3c. CITY OR TOWN 13d. INSID		REET AND NUMBER  Mountain		
	14. F	ATHER'S NAME First Charle	Middle ♣	Last Kime	1S. MOTHER'S MAIDEN N	AME First Wilhelmin	Middle	1	lost
	16a. Ye	WAS DECEASED EVER IN U.S. A es, no of unknown) (Il yes gr	ARMED FORCES? ve war or dates of service)	16b. SOCIAL SECURITY NO None			Address		
		4/2 O Canditians, if any, which gav rise ta immediate cause (a	DUE TO, OR AS	A CONSEQUENCE OF	Thubren	i KAlise	<b>-</b>	APPRO OFTWEEN	CU-2
				AL COURSEMOUNCE OF					
	ICATION		(c)	ING TO DEATH BUT NOT		20b. IF	YES, WERE FINDINGS	CONSIDERED IN	CERTIFYIN
X	EDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT I	(c) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	INJURY Month Day Year 19	ORMED 20d. AUTOPSY? YES \( \) 1 21c. HOW INJURY OCCURRED	20b. IF CAUSE: (Enter nature of inju	YES, WERE FINDINGS S OF DEATH? ry in Part 1 or Part 2,	, Item 18.)	300
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Χ		PART 2. OTHER SIGNIFICANT (  190. DATE OF OPERATION 1:  21a. ACCIDENT WAS UNDERL  OR CONTRIBUTING CAUSE OF (  (If either, notify medical exc  21d. INJURY OCCURRED While Mat while at wark  22a. I certify that (I) saw the deceased causes stated about 22b. SIGNATURI  22d. PHYSICIAN'S	(c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	INJURY Month Day Year At Home, Farm, Street, Factor OFFICE BUILDING, ETC.  Indeed the deceased	ORMED 20a. AUTOPSY? YES 21c. HOW INJURY OCCURRED  RY.) 21f. LOCATION Street or R.F.  and that in (my) (out ody after death.  DEGREE ATTENDING PHYS.  22e. ADDRESS	20b. IF CAUSES  (Enter nature of inju  D. No. City  1966, to ) apinian death  MED. DIRECTOR	ry in Part 1 or Part 2, or Tawn  The securred an the desired and the desired a	County  County  Gunty  Gunty  At the ate and hou  DATE SIGNED	ot (I) (v

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	CEASED-NAME ype or print)	First Jame	q	Middle Gibbons	Nar	lost igh <b>to</b> n		DATE OF DEATH & Month	Do	50	P.M		OUR M
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J. JL	Male		4. KACL	White		10/27/188	88	last birth		MONTHS	DAYS	HOURS	MIN
7o. E	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		NTY OF DEATH	_				
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C	ity or town of tumberla	ind	Allega	name of Hospital or II e street address) ny County	7 Infi	rmary Re	most of w	PATION (Kind of working life, even in TO 10 g	rork done fretired.) raph	12b. INDI	KIND OF E	P R	
13o. odmi	USUAL RESIDENCE ssion) STATE	(Where deceo	sed lived, if instit 13b. COUNTY	ution: Residence before	Weste	TOWN 13d. INSIDE CIT	NO [	95 Mai	IUMBER				
14. F	ATHER'S NAME	First	Middle	Lost	1	S. MOTHER'S MAIDEN NAME	First		Middle			Lost	
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	WAS DECEASED EV		MED FORCES? war or dates of service)	16b. SOCIAL SECURITY	NO. 17.	INFORMANT P.O. BO			Addres U				
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	18. CAUSE OF DI	EATH (Enter or	nly one couse per	line for (o), (b), ond (e	(J	, ,	-	, , .			APPROXIM BETWEEN ON	ATE INTERV	
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н	TAKE 2. OTHER S	TOTAL CO	TENTIONS CONTRA	JOHNO TO DENTI	NOT KELKILD I	O THE TERMINAL DISEASE O	A CONDITIO	W OTTER IN TAKE	(0)				
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CERT	21o. ACCIDENT W	AS UNDERLYI	NG 21b. TIME	OF INJURY	21c. H	OW INJURY OCCURRED (En		of injury in Port 1	or Port 2.	Item 18	.)		
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	22b. SIGNATURE	ollu	C. Jones	er	DEG	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		DATE SI	GNED -69	1	
	22d. PHYSICIAN'S NAME (Type)	dota	1/1/7	20060	MA	22e. ADDRESS Memoria	L Ho:	spital,					•
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230.	BURIAL, CREMATIC		DATE 2/10/69	,	CEMETERY OF	CREMATORY	23d.	LOCATION (City or Western)	Town)	(Cour		(Stote	)

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please Temaye carbon papers. It should be filed with the State Dept. at Health priar to burial, cremation, or remaval, and in any event, within 72 hours. VR A15 00 0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01802 01794 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death eath 20 (Type or print) WILLIAM PAXTON 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) WHITE 7-15-13 MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH MARYLAND ALLEGANY U.S.A. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR campletely the give street oddress)

MEMORIAL duristratrion operation GASOLINE CUMBERLAND. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 996 MC MULLEN HIGHWAY signed by the attending physician and came burial-transit permit. Then please remavel burial, crematian, or remaval, and in any ew EGANY 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle PAXTON HELEN FRANTZ MC CLURE 16b. SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address CUMBERLAND, MD. 214-05-465 MEMORIAL HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) etached far use as the Dept. af Health priar to TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town County State While Nat while at work be retained by the directar, page 3 shauld be de shauld be filed with the State 22a. I certify that (1) (this hospital) attended the deceased fram 1956, to 7662, 1969, that (1) (we) last saw the deceased alive an 1963, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS CUMBERLAND, MD. NAME (Type) 23b. DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 2/6/69 Sunset Memorial Park Cumberland

ADDRESS 250. RECD BY REGISTRAR 255. REGISTR 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 Byron Kight Cumberland, Md. 45M

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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eath.	DECEASED-NAME     (Type or print)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aften Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled, director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban propershauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within X

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	ECEASED-NAME	First		Middle		Lost		2o. DATE	OF DEATH	2		2b. HOUR
(1	Type or print)	Walter		В.		Powell		Feb.	Month	9 Doy	Year 69-	10:15
. SE	EX	4. RACE				5. DATE OF	BIRTH		6. AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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uni	ission) STATE W.	Va.	Mir	eral	Rid	geley	YES NO		Route 1			
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60.	. WAS DECEASED EVER IN	U.S. ARMED FORCES?		OCIAL SECURITY N		7. INFORMANT				Address		
,	res, no, or unknown)	il yes give wor or doles or se	(VICE)			Mrs. He	elen Pov	well,	Ridge	ley,		
	18. CAUSE OF DEATH (	Enter only one cous				1		~				NATE INTERVAL NSET AND DEATH
	PART 1. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (c	2	idden	Cor	drac	acros	1			9 Fel	.64
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IION	190. DATE OF OPERATION	19b. CONDITION I	FOR WHICH OP	ERATION WAS PER	RFORMED	20o. AUT	OPSY?	201	b. IF YES, WERE F	INDINGS CO	INSIDERED IN CE	RTIFYING
FIG		15.15				YES [	T NO T	CA	USES OF DEATH?			
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3	OR CONTRIBUTING CAL	JSE OF DEATH HOU	R A.M. Mor	ith Doy Yeor			cedities (Ellion	1101010 01	injuly in roll (	01 1011 2, 11		
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	While Not while		OFFICE	BUILDING, ETC.	211	. LOCATION SII	eel Ol K.F.D. NO.		city of Town		County	31016
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	22b. SIGNATURE	1		1.4		ATTEME	INC. ME	·D	CTAFF	22c. D	ATE SIGNED	
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	22d. PHYSICIAN'S					22e. Al						
	NAME (Type)	r. W. A.	Van C	rmer,M	D.	122	S. Cer	ntre	St., Cu	mberl	land, M	ld.
230.	. BURIAL, CREMATION,	23b. DATE		23c. NAME OF	CEMETERY				ATION (City or To		(County)	(Stote)
I	BREMOVAL (Specify)	Feb. 12,	1969	Fort .	Ashb	y Cemet	erv	Fort	t Ashby	. W. V	la.	
24.	James F. S			ADDDECC			250. REC'D BY	REGISTRA	R 25b. RI	GISTRAR'S	SIGNATURE	dan
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**EXAMINER'S** 

NAME (Type) 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial AUNERAL DIRECTOR 23b. DATE

2/18/69

20. AUTOPSY? YES 🗍 NO TY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) County Stote Inquiry X and in my opinion Undetermined manner 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X February 15, 1969 BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or CHOTERLAND MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cumberland, Allegany, Sumner Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Milumotan Halto.Ave., Cumberland, MANFEB

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12b. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL NO.

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JOSEPH R. DURST, SR., FROSTBURG, MD.

2Sa. REC'D BY REGISTRAR

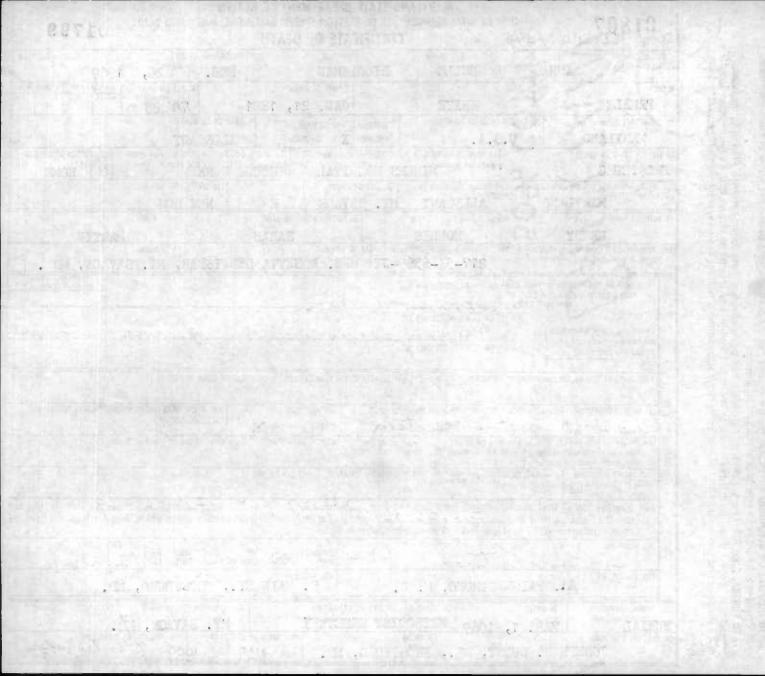
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2Sb. REGISTRAR'S SIGNATURE

Mineles Judge

VR A15 138

24. FUNERAL DIRECTOR



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01801

1. DECEASED-NAME	First		Middle	LKIIIIC	Lost	DEATH	I 2a DA	TE OF DEATH		010.	2b. HOURA
(Type or print)	Danie	1	Howard		Roth			ebruer	nth 18 Do	1969 Year	6:45 M
B. SEX		4. RACE			S. DATE OF	BIRTH	E	6. AGE	(In veors	IF UNDER 1 YEAR	R IF UNDER 24 HRS.
Male		Whi	+0			ber 5.	1882	lost	oirthday) YRS.	MONTHS DA	YS HOURS MIN
o. BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WI		8. MARRIED [			_	TY OF DEATH		1	-1 -1
ountry) Marylai			.A.	WIDOWED		ORCED		Allega	YIT		Mo
O. CITY OR TOWN O			AME OF HOSPITAL OR INST		AND THE RESERVE TH	12o. USU	AL OCCUPA	ATION (Kind o	f work done		OF BUSINESS OR
Cumber	land	giye s	street oddress) nch Nursin	g Home		dwing r	ce in	rking life, ev <b>anager</b>	en if retired.)	INDUSTRY	urance
				13c. CITY OR		13d. INSIDE CITY I	LIMITS? ]:	3e. STREET AN			
dmissian) STATE Mary		AILega		Cumber		A		229 E		ore Ave	
14. FATHER'S NAME	First	Middle	Lost	15	MOTHER'S	MAIDEN NAME			Middle	a.	Last
	Charles	Α.	Roth	0 127 1	FOOMANT	Ame	elia			Stump	ner
Yes, no, or unknown	ever IN U.S. ARMI wn) (If yes give wo	D FORCES? r or dates of service)	16b. SOCIAL SECURITY N		FORMANT	ahama C		110 1	Address	± 0	hamland
No			215-01-15	ווין כטי	is. Ni	chard s	DIET MI	, 117 W	eper 3		berland,
	DEATH (Enter anly		ne for (a), (b), and (c).)	1	100.5	,	~				EN ONSET AND DEATH
PART I. D		TE CAUSE (a)	-06	rae	n	-				4	hix >
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lost.	)	(c)		ares	ner	ur.	Las	111	reon		yr.
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PA	RT 1(a)		
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19a. DATE OF OI	PERATION 19b. C	ONDITION FOR WH	IICH OPERATION WAS PER	FORMED	20o. AU YES [		10	20b. IF YES, W CAUSES OF DE		CONSIDERED II	N CERTIFYING
	WAS UNDERLYING		F INJURY Manth Doy Year	21c. HC	W INJURY C	CCURRED (Ente	er noture o	of injury in Po	rt 1 ar Part 2	, Item 18.)	
(If either, notif	y medical examin	er) P.M.	19								
While Nat	work		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.					City or Tow		Caunty	State
22a. I certi	fy that (I) (thi	s hospital) atte	ended the decease	d fram	rev	10,196	58,1	o Just	18,1	9.6.9, th	nat (I) (we) los
saw th	ie deceased al stoted above	ive on did)	(did not) view the l	oody after o	d that in ( death.	my) (our) op	oinion de	oth occurr	ed on the o	date and ho	ur ond from the
22b. SIGNATUR										. DATE SIGNED	
A COLOR	Clar	V6	Journel	DEGR	EE PHYS.	DING T	MED. DIRECTOR	STAFI PHYS		2/19/69	
22d. PHYSICIAI NAME (Ty		E. Durre	ett. M.D.			odress ginia	Ave.,	Cumbe	rland	, Md.	
23a. BURIAL, CREMA	TION, 23b. D		23¢ NAME OF	EMETERY OR	CREMATORY	0	23d. L	OCATION (City	or Town)	(County)	(State)
Crematio	city)	121/6	9 Done		Vai	te				aryland	
24. FUNERAL DIREC	Opplial	25/26	Ato. Ave.	0 1		2So RECO	BY REGIST	RAR CQ 25	b. REGISTRAR	SISIGNATURE	style !
Charles	E. Hafer	7230 Ba	Ato. Ave.	Cumb	erland	TIMELD	61	1303	11	1	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ord-completely filled in by the director, page 3 should be detoched far use os the buriol-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours at VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH

01810	DIVISION OF	VITAL RECORDS, 3		TE OF DEAT		ARYLAND 2		1802	
1. DECEASED NAME (Type or print)	First dah	Middle Clara	Sapir	Last	2q DAJE Feb	OF DEATH Month	19 Day 1	96 <b>%</b> or	2b. HOUR
3. SEX Female	4. RACE White		S. I	DATE OF BIRTH Dec. 6, 1898	3	6. AGE (In y			IF UNDER 24 HRS. HOURS MIN
70. BIRTHPLACE (Stote or fore country land	The CITIZEN OF WHAT	AT COUNTRY?	MARRIED	NEVER MARRIED DIVORCED	9. COUNTY Alle	of DEATH			N
10. CITY OR TOWN OF DEATH Westernport		ME OF HOSPITAL OR INST		durin	USUAL OCCUPATION OF WORK SALES LA		rk dane	2b. KIND OF B NOUSTRY Applia	
13o. USUAL RESIDENCE (When admission) STATE Md.	deceased lived, if institution 13b. COUNTY	n: Residence before Allegany	Western	PORT 13d. INSIDE	NO 22	STREET AND NU.	MBER Ve		
14. FATHER'S NAME First  James	Middle Laff	<b>ey</b> Last	1S. M	OTHER'S MAIDEN NAME Bridget	ME First	K	eedy		Lost
160. WAS DECEASED EVER IN Yes, na, ar unknawn)		16b. SOCIAL SECURITY NO 214-05-786		RMANT Ses Shapin	o West	ernport	ddress Md.	A.	
PART I. DEATH WA	DUE TO, OR AS	e for (o), (b), ond (c).)  A CONSEQUENCE OF	nony	Embel	us .				ATE INTERVAL SET AND GEATH FOUTS
	ANT CONDITIONS CONTRIBUT	Multiple	RELATED TO THE	h +1+15	OR CONDITION G	IVEN IN PART 1(c	)		
190. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERI	ORMED	20o. AUTOPSY? YES NO		. IF YES, WERE FI ISES OF DEATH?	NDINGS CONSI	DERED IN CEI	RTIFYING
21 a. ACCIDENT WAS UN OR CONTRIBUTING CAL (If either, notify medical 21d INJURY OCCURRED	SE OF DEATH HOUR A.M.	INJURY Month Doy Yeor	21c. HOW	INJURY OCCURRED (	Enter noture of i	njury in Port 1 o	r Port 2, Item	18.)	
21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY (	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	PRY.) 21f. LOCA	TION Street or R.F.D.	. Na. (	City ar Town	C	aunty	Stote

at work ot work

220. I certify that (1) (this hospital) attended the deceosed from Mar, 105, 1962, to 19, 1969, that (1) (we) last sow the deceosed olive an 1969, and that in (my) (our) opinion death accurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE

69

R. Wilson

DEGREE

ATTENDING PHYS.

MED. DIRECTOR

Piedmont, W. Va.

STAFF PHYS.

22c. DATE SIGNED

PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23a.

23b. DATE Feb. 22, 23c. NAME OF CEMETERY OR CREMATORY St. Peters

23d. LOCATION (City or Town)
Westernport

1989

(Stote) (Caunty) Md.

FUNERAL DIRECTOR

22d.

Paul

Westernport, Md.

22e. ADDRESS

REC'D BY REGISTRAR FEB 2

2Sb. REGISTRAR'S SIGNATURE

VR A15 A

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fun director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be tiled with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after c

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR A (Type or print) **FRANK** HENRY SHROUT : 50N 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last hirthday) JE LINDER 1 YEAR MALE WHITE MARCH 4. 1880 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) NEW YORK USA WIDOWED DIVORCED | ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR SYATTENTENEART working life, even if retired.) CUMBERLAND RAILROAD HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES [ ELLERSLIE BOX 93 First 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Last TAYLOR SHROUT (JONES) **EMMA** SHROUT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no orunknown) (If yes give wor or dates of service) 235-72-1480 HOSPITAL RECORD, 900 DETON DRIVE. CUMB., MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ; rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Tawn County

DEGREE

While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an\_ causes stoted above, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED STAFF

20g. AUTOPSY?

22d PHYSICIAN'S NAME (Type) BLANE M. SCHINDLER. M.D.

23b. DATE

190. DATE OF OPERATION

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

BENDYAL ASpecify)

22e. ADDRESS 43 GREENE ST. CUMBERLAND,

PHYS.

DIRECTOR

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

State

(State)

GRANT WEST VIRG.

(County)

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn)

FEB. 12 1969 LAHMANSVILLE CEMETERY LAHMANSVILLE 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE H. LEE SILCOX 404 DECATUR ST., CUMBERLAND MD. DATE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. within 72 h and completely filled in and in any event, cremotion, or removal, permit. buriol-transit Poge 4 moy be retoined by the hospitol or attending physician. buriol, TO FUNERAL DIRECTOR: After this certificate has been tor use os the director, page 3 should be detached for use should be filed with the State Dept. of Health

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24 hours illed in 72 hours min 72 hours	COU	BIRTHPLACE (Stote or foreign ntry) MARYLAND	7b. CITIZEN OF WHAT	Α.	WIDOWED	NEVER MARRIED DIVORCED		EGANY		
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rtificate by physician of san please aval, and in	160	(es, no, Ar Unknown) (If yes give	MED FORCES? war or dates of service)	). SOCIAL SECURITY NO.			OSPITA	AL, CUMBI	ERLAND,	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral e 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 ed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED  Conditions, if any, which gave rise ta immediate couse (a), stating the underlying couse last.	ED BY: IATE CAUSE (a)  DUE TO, OR AS  (b)	CONSEQUENCE OF AN ade	ral	hem	ries	Roge	BETWEEN ON	ATE INTERVAL SET AND DEATH 2—69
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G PHYS the has this ce detache te Dept.	W	at wark at work	PLACE OF INJURY ( AT I					ity or Tawn	Caunty	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health priar ta		22o. I certify that (I) (the saw the deceased courses stated above	his hospitol) ottende alive on re, (I) ( <del>we) (did)</del> (did	not view the bo	from and the dy after deco	ot in (my) <del>(our)</del> oth.	pinlon deotl	n occurred on the	dote ond hour o	(I) ( <del>wo)</del> lo
or ATTENI be retained DIRECTOR: A ge 3 shauld led with the		22b. SIGNATURE	c. 7. )	Villia	DEGREE		MED. DIRECTOR	PHYS.	2 DATE SIGNED	69
SPITAL 4 may lERAL ar, pa		22d. PHYSICIAN'S NAME (Type) DR.	W.F.WMS.			22e. CUMBER	LAND,	MD.	AT EST	1
TO HOSPITAL of Page 4 may be to FUNERAL D director, page shauld be file		REMOVAL (Specify) Fe	b. 7,1969	23c. NAME OF CEA				TION (City or Town) berland, A		(State) Md •
VR A15		funeral director James F. Scar	pelli, Cum	ADDRESS aberland,	Md.		BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	LE.

MARYLAND STATE DEPARTMENT OF HEALTH

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01805

CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR P (Type ar print) CLARENCE M. SMITH 16 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) MALE NEGRO 12 10 95 YRS. 7o. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH WEST VA. USA WIDOWED DIVORCED ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) **INDUSTRY** CUMBERLAND HOTEL 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🔽 NO [ CUMBERLAND 347 FREDERICK STREET 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last CHARLES SMITH MARY JOHNSON SMITH 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no prunknown) (If yes give war or dates of service) 10 7963 SACRED HEART HOSPITAL 900 SETON CUMBERLAND, MARY 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark of work

22a. I certify that (1) (this haspital) of tended the deceased from 10 - 6 - 1965, to sow the deceased glive on 2/1/2 169 , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

DR. BRINGS 22e. ADDRESS 57 GREENE ST

22c. DATE SIGNED

-CUMBERLAND, MARYLAND 21502

DEGREE

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57 GREEKE ST -CUMBERLAND, HARYLAND 21502

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01806 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR within 24 hours after death. (Type or print) cappletely filled in by the funeral ave corbon papers. Pages 1 and 2 Month 5 LILLIAN ANGELA SMITH 8:03R 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2/18/99 WHITE FEMALE 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED | NEVER MARRIED | 9. COUNTY OF DEATH USA ALLEGANY CUMBERLAND, MD. WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done S'ACRESTE HOSPITAL during most populating life reven if retired.) CUMBERLAND, MD. Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER law requires that the death certificate be executed MARYLAND 13b. COUNTY ALLEGANY YES NO CUMBERLAND 182 N. CENTRE STREET 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle JOHN DIGGS CATHERINE HAMMERSMITH DIGGS 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown (If yes give war or dates of service) 705 05 4446 SACRED HEART HOSPITAL CUMBERLAND, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY 3 mon IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medicol exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 12-30, 1967, ta 2-5, 1967, that (1) (we) last saw the deceased alive an 2-5 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. WAYNE SPIGGLE 912 SETON DRIVE -CUMBERLAND, MD. 230. BURIAL, CREMATION, BREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY Cumberland, Allegany, Md. 23b. DATE Feb. 8, 1969 St. Mary's Cemetery 1969 REGISTRAR'S SIGNATURE ADDRESS -108 VA. AVENUE FUNERAL HOME CUMBERLAND MARYLAND

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	ty or town of DEATH Cumberland	give	AME OF HOSPITAL OR IN street oddress) Mb. Wursir			during r	UAL OCCUPATIO	N (Kind of work done g life, even if retired.)		KIND OF JSTRY	BUSINESS OF
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14. F	ATHER'S NAME First Esau	Middle	Morgan		IS. MOTHER'S M		First ebecca	Middle	R	inke	lost
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CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFO			ERFORMED		20a. AUTOPSY?  YES NO CAUSES OF DEATH?			CONSIDER	ED IN C	ERTIFYING
3	210. ACCIDENT WAS UNDERLYING CAUSE OF OEA  (If either, notify medical exami 21d. INJURY OCCURRED While to work of work  220. I certify that (I) (the saw the deceased of couses stated objects.	HOUR A.M. P.M. PLACE OF INJURY  is hospital) att	Month Doy Yeo  (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.  ended the decease	ACTORY.) 21f.	LOCATION Stre	et or R.F.D. N	lo. Cit	y or Town  Occurred on the d	Coun	ty , that	Stote (I) (we) ond from

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. director, page 3 should be detached for use as the burial-transit permit. Ihen please remove ca should be filed with the State Dept. of Health prior to buriol, cremation, or removal, ond in any event **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion and comply director, page 3 should be detached for use as the burial-transit permit. Then please remove ca 3 should be detached for use as the burial-transit permit. Page 4 may be retained by the hospital or attending physicion.

230. BURIAL, CREMATION, REMOVAL (Specify) Burial

24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery 23d. LOCATION (City or Town) Cumberland, Alleg.,

S. Centre St., Cumberland,

(County) (Stote) Md.

ADDRESS

F. Williams, M. D.

23b. DATE

2/12/69

250. REC'D BY REGISTRAR DATE FEB 13

25b. REGISTRAR'S SIGNATURE
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1969

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	- W. W.		MEDIC	AL EXAM	INER'S	CERTIFICA	IE OF D	EATH				
	DECEASED-NAME Type or Print)	Nevada		Midd Gay	le	los			2g. DATE KNOWN OF ESTI-			2b. HOUR
					Tr. vor	Staln		04.1106			4,1969195	
3. 9	Female	RACE White	S. DATE OF BIRT		6. AGE (In year last birthday) 68 y	MONTHS OF	AR IF UNDER YS HOURS	MIN.	2c. DATE PRONOUNCE FEBRUARY		1969 19 5	2d. HOUR
70.	BIRTHPLACE (Stote	or foreign 7b	CITIZEN OF WHA			MARRIED NEVER	MARRIED	9. COL	INTY OF DEATH			
cou	w.Va.	2383	U.S.A.				DIVORCED X	A	llegany			M
	CITY OR TOWN OF I		11. NA			ION (If nat in has			CCUPATION (Kind of w			USINESS OR
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130	USUAL RESIDENCE	(Where deceosed	lived, if institut 13b. COUNTYA	ion: Residence	befare 13c. C	TY OR TOWN			13e. STREET AND NUM	-	t Doad	maş.
14.	FATHER'S NAME	First Wood	Middle		Last		MAIDEN NAME			liddle	Lo	ost
				Stalna			gourne	У			Haller	
160.	WAS DECEASED EVER Yes, no pot unknown	(If yes give war	CCES?	166. SOCIAL SECT 217-28	JRITY NO. -0108	17. INFORMANT	. Rot	ert	Nelson,	She	ew, W.V	a.
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VR A15ME (5) 10M REV. 1/68

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TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.

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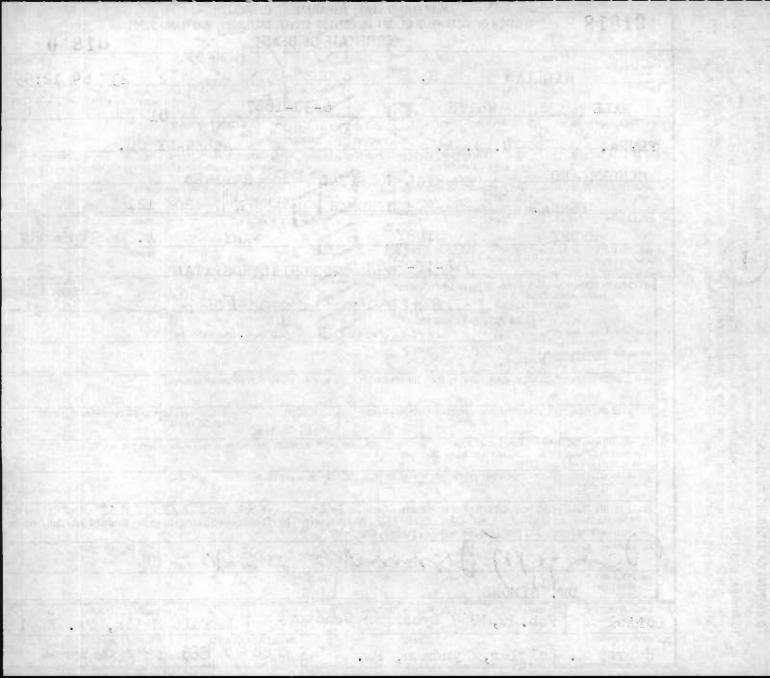
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MARYLAND STATE DEPARTMENT OF HEALTH 01817 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01809 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle deoth. Lost 20. DATE OF DEATH 2b. HOUR A within 24 hours after death. ond completely filled in by the funeral remove corbon popers. Pages 1 and in any event, within 72 hours after death (Type or print) Month 02 Doy ROBERT G. STOVER 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR MALE 10-21-15 WHITE 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED PENNSYLVANIA U.S.A. WIDOWED | DIVORCED [ ALLEGANY COUNTY ond in any event, within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done CELANESE CORP derobuction "MANAGER" CUMBERLAND parnoaxa 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES Y NO 316 SUNSET DRIVE ALLEGANY CUMBERLAND 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost WILLIAM STOVER BORN ) MAE STOVER certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6h. SOCIAL SECURITY NO. MD. 21502 17. INFORMANT Address Yes, no or unknown) cremation, or removal, 220-07-6048 SACRED HEART HOSPITAL, 900 SETON DR., CUMB., PPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH the death PART I. DEATH WAS CAUSED BY signed by the buriol-tronsit p Conditions, if ony, which gove? rise to immediate couse (a). stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ed for use os the k . of Health prior to k be retained by the hospital or ottending 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? -15-68 YES 🗍 TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 11-12-, 1968, to 2-26, 1969, that (1) saw the deceased alive an 2-25 - 1969, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the couses stoted above, (1) (we) (did) (did nat) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) R. FEDDIS, M.D. 500 GREENE ST., CUMB., MD. 21502 23o. BURIAL, CREMATION (County) VR A15 (4) 45M - 1/69 1969

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01812 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOURP (Type or Print) Olga Swisher 0 DEATH MATED ny deloy ent 4 RACE IE UNDER 24 HRS. 3. SEX 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR S. DATE OF BIRTH puo last birthday) Oct. 30, 1892 White Female 76 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Office along with form Michigan Give Poges 1, DIVORCED WIDOWED T U.S.A. Allegany

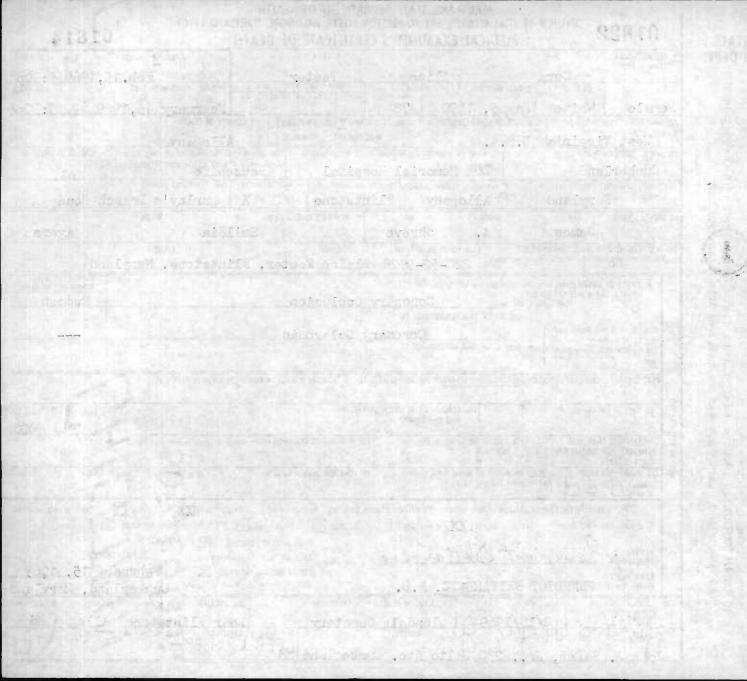
12a. USUAL OCCUPATION (Kind of work done lond 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital hoperafter death Cumberland give street address)

DOA Memorial Hospital

130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN during most of working life, even if retired.)
Housewife 13e. STREET AND NUMBER 13b. COUNTY egany odmission) Marvland em 18, YES Y NO 208 Maryland. Cumberland ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Gustoff Kolbe Brenki Annamarie poges hours forwarded to the Chief Medical Examiner's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates af service) 216-18-1385 Farl L. Wilson, 915 Harding Ave. Cumberland M. APPROXIMATE INTERVAE
BETWEEN ONSET AND DEATH
SUDDEN within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: buriol-tronsit permit. "pending" OCCLUSION CORONARY IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave CORONARY SCLEROSIS rise to immediate couse (o). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X the certificote. should be 3 should b 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote factory, office building, etc.) 5 moy be retained for your O FUNERAL DIRECTOR: Poge WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X Inquiry X and in my apinian death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER February 27, 1969 EXAMINER'S Health BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or car DWMBERLAND, MARYLAND NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (County) (Stote) Burial 3/2/69 Rose Hill Cemetery Cumberland, Allegany, Marylan 25b. REGISTRAR'S SIGNATUR ADDRESS 25a. REC'D BY REGISTRAR 230 Balto., Ave., Cumberland, Nd MAK

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be expose 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use os the burial-tronsit permit. Then please rem should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in an	Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDIT	DUE TO, OR AS A CONSCOUNCE OF  (b)  DUE TO, OR AS A CONSCOUNCE OF  (c)	At Brebalts  reprodutes in the terminal disease Orco	Decomps  ONDITION GIVEN IN PART 1(8)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COCAGO GOOGLE GOOTS GOOTS GOOTS		
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DR. CLAY DURRETT 236 VIRGINIA ADE., CUIRERLAND, 16.

For the Comband Sunger Humanish Park - None Comband and Miles Fd.

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## DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01819 FOR STATE DEPT. 1. DECEASED-NAME First Middle Last 20. DATE KNOWN W Month (Type or Print) ESTI-VanMeter George Vernon 1969 DEATH MATED TED Department IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD , 2, a... Feb. Doy 20 Year White June 28, 1898 Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, ner's Office alang with farm country) Maryland U. S. A. WIDOWED | DIVORCED | Allegany State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Kelly Tire Co. pages\_1 and 2 with the Cumberland. Sacred Heart. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1436. COUNTY Mineral odmission) STATE W. Va. Ridgeley. 15 Mineral St. YES NO after Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME VanMeter Hannah McKenzie. M. Isaac 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. within 17. INFORMANT **ADDRESS** W. Va. penci farwarded to the Chief Medical Examin (Yes, na, or unknown) (If yes give war or dates of service) 214-07-0431 Mr. A Lee VanMeter 17 Mineral St. File within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: SUDDEN CORONARY THROMBOSIS, LEFT IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit CORONARY SCLEROSIS Canditions, if any, which gove rise to immediate couse (o), shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .9 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) crematian, ar remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? execute the certificate, YES TX NO [ 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy X. Inquiry X. Inspection X. and in my apinian Natural causes X, Accident , Suicide , death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 5 may be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Feb. 20, 1969 DEPUTY MEDICAL EXAMINER EXAMINER'S Health BENEDICT SKITARELIC. M. D. ADDRESS(Street, city, town, or county) Rt # 9 Cumberland, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) BUNCAL (Specify) 2/22/69 Sunset Memorial Park. Cumberland. Allegany 24. FUNERAL DIRECTOR H. Wayne George Cumberland, Maryland

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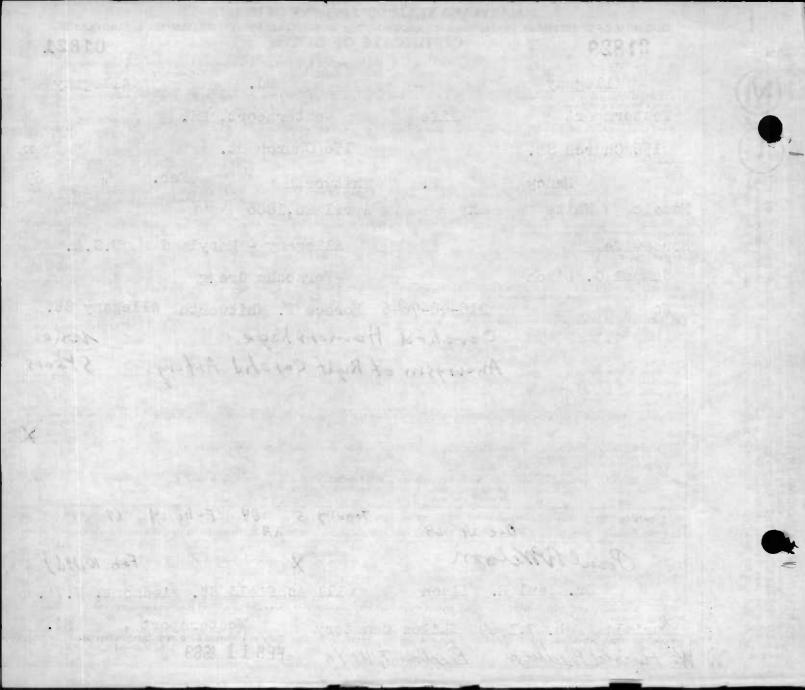
# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after LO HOSPITAL CANTENDING PHYSICIAN: The law requires that the death certificate be executed we death. Page 4 m. retained by the hospital or attending physician. TOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 hours.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	Manual File Manual		
11829	CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before edmission)
a. COUNTY	e. STATE b. COUNTY
Allegany Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearast town)	
Westernport   life	Westernport, Md.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
156 Church St.	156 Church St. YES □ NO ☑
3. NAME OP First Middle	Lest 4. DATE Month Day Year
(Type or print)	Whitworth Feb. 4 19 69
Nancy P.	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
7. MARKIED NEVER MARKIED	last birthday) Months Days Hours Min
Female   White   widowed Divorced	April 28,1888   80 yrs.   Malling   1888
	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working lifa, even if retired) HOUSewife	Allegany - Maryland U.S.A.
13. FATHER'S NAME	Allegany - Maryland U.S.A.
d 3 d D:	
Samuel G. Dixon	Persosha Gregg
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (Ifyesgivewerordelesofservice)	INFORMANT Address
No 216-46-7646	Horace P. Whitworth Allegany St.
1B. CAUSE OF DEATH [Enter only one cause per line lor (e), (b), end (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	tomorrhage ONSET AND DEATH
TO DUE TO	l Right Corolld Artery 5 Kears
Conditions, il any, which ) (b) Theurysm of	Might Corolla liring
geva risa to immediate ceuse (a), stating tha undarlying  DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
	PERFORMED?
200, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Pert I or Pert II of item 18.)
DE OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Fert I of Fert II of Item 16.)
U L	ACE OF INJURY (Home, farm, 201. (City or town) (County) (State) ctory, street, office bldg., etc.)
Hour a.m.  p.m.  19  While Not While at work at work	clory, siteer, office blugs, etc.)
	71 11 1 10/1 1 1 10/1 1 1 10/1 1 1 10/1 1 1 10/1 1 1 10/1 1 1 10/1 1 1 10/1 1 1 10/1 1 1 10/1 1 1 1
21. I certify that (I) (this hospital) attended the deceased from	72 1964 to Feb. 4, 1969, that (1) (we) las
saw the deceased alive on	at death occured at $\lambda A$ .M, from the causes and on the date stated above
22a. SIGNATURE	M.D. ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. Feb. 10,1969
PaulstWilson	M.D. PHYS. DIRECTOR PHYS. Fob. 10,1969
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Paul R. Wilson	111 Ashfield St. Piedmont, W. Va.
REMOVAL (Specify)	202
	emetery Westernport, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
We Harold Fredlock Predmont	(1) VX DATE FEB 1 1 1969
11/100	K M. I. J.



01830

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the Ameral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

Page 4 may be retained by the haspital ar attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	1. DECEASED-NAME First (Type or print) ELS I	E ELVA	YATES	2a. DATE OF DEA	TH Month 19 Day 69 Year	2b. HOUP 9:10 M
	3. SEX FEMALE	4. RACE WHITE	S. DATE OF BIRT  2 -4-1		AGE (In years IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7o. BIRTHPLACE (Stote or foreign country) MD.	7b. CITIZEN OF WHAT COUNTRY?  US OF A	8. MARRIED NEVER MARRIE			Md.
5.2	10. CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL OR INST	ART HOSP.	12a. USUAL OCCUPATION (Kinduring mast of warking life,		F BUSINESS OR
01	13a. USUAL RESIDENCE (Where decease admission) STATE MD.	ed lived, if institution: Residence before 13b. COUNTY ALLEGANY		I. INSIDE CITY EIMITS? 13e. STREET	AND NUMBER	
1	14. FATHER'S NAME First JOSEPH	Middle Last PERDEW	15. MOTHER'S MAID (WILT	NAME First MAUDE	Middle	ERDEW
	16a. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unkappen) (If yes give w	NED FORCES? ar or dates of service) 16b. SOCIAL SECURITY N 2 14 -07 -09		RECORDS	Address 900 SETO CUMBERLAN	N DR.
	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.	Y ane cause per line for (o), (b), ond (c).) BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT NO	CVD	E C+	1F	ONSET AND DEATH
×	NO NO	CONDITION FOR WHICH OPERATION WAS PER			WERE FINDINGS CONSIDERED IN	CERTIFYING
	লু or contributing ☐ cause of Deati	HOUR A.M. Manth Day Year ner) P.M. 19		RED (Enter nature of injury in	Part 1 or Part 2, Item 18.)	
	21d. INJURY OCCURRED While Nat while at wark 21e.	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION Street of	or R.F.D. No. City or T	awn Caunty	Stote
	saw the deceased of	s hospitol) attended the deceosed ive an19 , (1) (we) (did) (did not) view the b	, ond that in (my)	, 19, to (our) opinian deoth occu	, 19, tho rred on the date ond haur	t (I) (we) lost and fram the
	22b. SIGNATURE	Went ten	A SEGREE PHYS.	DIRECTOR PH	AFF 22c. DATE SIGNED	
1	22d. PHYSIČIAN'S NAME (Type) MATT	HEW KAUFFMAN, M.S.	22e. ADDRES 912 S	ETON DR., CUMB	BERLAND, MD.	
		B. 22, 1969 FBG, 1	EMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (C	BURG. MD.	(Stote)
	24. FUNERAL DIRECTOR  JOSEPH R. DURS	ST, FROSTBURG, MD.	21532	ate FEB 2 4 1969	25b. REGISTRAR'S SIGNATURE	eg.

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